

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF DELAWARE

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Millennial Benefit Management Corporation**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA GeniusCo.

3. Debtor's federal Employer Identification Number (EIN) **81-1593842**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**671 NW 119th Street
Miami, FL 33168**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Miami-Dade
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Millennial Benefit Management Corporation**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5122**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Millennial Benefit Management Corporation**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **Mailmyprescriptions.com Pharmacy Corp.** Relationship **Affiliate**

District **Delaware** When Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☒ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor

Millennial Benefit Management Corporation

Name

Case number (if known)

16. Estimated liabilities☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Millennial Benefit Management Corporation**
Name

Case number (if known)


Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 19, 2023
MM / DD / YYYYX 
Signature of authorized representative of debtorDonovan Chin

Printed name

Title Chief Restructuring Officer**18. Signature of attorney**X /s/ Robert A. Weber
Signature of attorney for debtorDate December 19, 2023
MM / DD / YYYYRobert A. Weber
Printed nameChipman Brown Cicero & Cole, LLP
Firm nameHercules Plaza
1313 North Market Street, Suite 5400
Wilmington, DE 19801
Number, Street, City, State & ZIP CodeContact phone (302) 295-0191Email address weber@chipmanbrown.com4013 DE
Bar number and State

**RESOLUTIONS OF THE BOARD
OF DIRECTORS OF
MILLENNIAL BENEFIT
MANAGEMENT CORPORATION
AND
MAILMYPRESCRIPTIONS.COM**

**ADOPTED AT A DULY NOTICED
SPECIAL MEETING HELD ON**

DECEMBER 18, 2023

IT IS HEREBY RESOLVED by the undersigned members of the Boards of Directors (collectively, the “**Board**”) of (i) Millennial Benefit Management Corporation (“**MBMC**”), a Delaware corporation, with its primary headquarters in North Miami, Florida, and (ii) Mailmyprescriptions.com Pharmacy Corp., a Florida corporation, a wholly owned subsidiary of MBMC (the “**Subsidiary**” and collectively with MBMC, the “**Companies**”), as of December 18, 2023:

Chapter 11 Filing and Retention of Professionals

WHEREAS, the Board has considered, among other things, the financial and operational condition of the Companies and the Companies’ business on the date hereof, the assets of the Companies, the current and long-term liabilities of the Companies, the liquidity situation of the Companies, the strategic alternatives available to them, the effect of the foregoing on the Companies’ business, and the advice of management and the Companies’ legal advisors; and

WHEREAS, the Companies have had the opportunity to consult with the management and legal advisors of the Companies and to fully consider each of the strategic alternatives available to the Companies; and

WHEREAS, the Board has determined that taking the actions set forth below is advisable and in the best interests of the Companies and, therefore desires to approve the following resolutions:

NOW, THEREFORE, IT IS HEREBY RESOLVED, that, after consideration of the alternatives presented to them and the recommendations of senior management of the Companies and the advice of the Companies’ professionals and advisors, the Board has determined in its business judgment that it is in the best interests of the Companies, their creditors, and other parties in interest that the Companies shall be, and hereby are, authorized to file, or cause to be filed, voluntary petitions for relief (the “**Chapter 11 Cases**”) under the provisions of title 11 of the United States Code (the “**Bankruptcy Code**”), including, but not limited to, under subchapter V thereof (the “**Petitions**”), in the United States Bankruptcy Court for the District of Delaware (the “**Bankruptcy Court**”) and the filing of such Petitions be, and hereby are, authorized in all respects; and it is

FURTHER RESOLVED, that Donovan Chin, Chief Restructuring Officer of the Companies, and such other officer or person to which such task may be delegated (the “**Authorized Representatives**”) are hereby authorized and directed to execute and verify Petitions in the name of the Companies under the Bankruptcy Code and to cause the same to be filed, in such form and at such time as the Authorized Representatives shall determine; and it is

FURTHER RESOLVED, that the Authorized Representatives be, and hereby are, authorized, directed, and empowered, on behalf of the Companies, to prepare or cause to be prepared, and file all necessary documents, including, without limitation, all petitions, affidavits, schedules, motions, lists, applications, pleadings and other papers, and to take any and all action that they deem necessary or proper to obtain such relief, including, without limitation, any action necessary to maintain the ordinary course operation of the Companies’ business; and it is

FURTHER RESOLVED, that the Authorized Representatives be, and hereby are, authorized, directed, and empowered, on behalf of the Companies, to employ the law firm of Chipman Brown Cicero & Cole LLP (“**CBCC**”) as general bankruptcy counsel to represent and assist the Companies in carrying out their duties under the Bankruptcy Code, and to take any and all actions to advance the Companies’ rights and obligations, including filing any motions, objections, replies, applications, or pleadings; and in connection therewith, the Authorized Representatives are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers, and to cause to be filed an appropriate application for authority to retain the services of CBCC. To the extent such steps have already been taken, they are hereby ratified; and it is

FURTHER RESOLVED, that the Authorized Representatives are, and each of them hereby is, authorized and directed, on behalf of the Companies, to retain Stretto, Inc. (“**Stretto**”) as claims and noticing agent, and the Authorized Representatives are hereby authorized and directed to execute retention agreements, pay retainers prior to, immediately upon and after the filing of the bankruptcy cases, and to execute and cause to be filed an application for authority to retain the services of Stretto as the Companies’ claims and noticing agent; and it is

FURTHER RESOLVED, that the Authorized Representatives be, and hereby are, authorized, directed, and empowered, on behalf of the Companies, to employ any other professionals to assist the Companies in carrying out their duties under the Bankruptcy Code; and in connection therewith, the Authorized Representatives are hereby authorized and directed to execute appropriate retention agreements, pay appropriate retainers and fees, and to cause to be filed an appropriate application for authority to retain the services of any other professionals as necessary; and it is

FURTHER RESOLVED, that, in addition to the specific authorizations heretofore conferred upon the Authorized Representatives, that the Authorized Representatives be, and hereby are, authorized and directed to do and perform all such other acts, deeds, and things and to make, negotiate, execute, deliver, and file, or cause to be made, negotiated, executed, delivered, and filed, all such agreements, undertakings, documents, plans, instruments, certificates, registrations, notices, or statements as the Authorized Representatives may deem necessary or advisable to effectuate or carry out fully the purpose of the foregoing resolutions, and the taking of such actions or the execution of such documents by the Authorized Representatives shall be conclusive evidence that the Authorized Representatives deem such action or the execution and

delivery of such document to be necessary or advisable and to be conclusive evidence that the same is within the authority conferred by the resolutions herein, and that any and all actions taken heretofore and hereafter to accomplish such purposes, all or singular, be, and they hereby are, approved, ratified and confirmed; and it is

FURTHER RESOLVED, that the Board has received sufficient notice of the actions and transactions relating to the matters contemplated by the resolutions herein, as may be required by the organizational documents of the Companies, or hereby waive any right to have received such notice; and it is

FURTHER RESOLVED, that the Authorized Representatives, and each of them, with full authority to act without others, hereby is, authorized and directed to work with the Companies' advisors to effectuate a restructuring under section 1129 of the Bankruptcy Code, and to file all necessary motions and papers in the United States Bankruptcy Court for the District of Delaware to obtain approval of such restructuring, according to the terms negotiated and approved by the Authorized Representatives; and, in connection therewith, the Authorized Representatives are hereby authorized and directed to execute appropriate agreements and related ancillary documents; and it is

FURTHER RESOLVED, that the Authorized Representatives, and each of them, with full authority to act without others, hereby is, and any employees or agents (including counsel) designated by or directed by such Authorized Representatives, be, and each hereby are, authorized and empowered to cause the Companies and such of their affiliates as any Authorized Representatives deem appropriate to enter into, to execute, deliver, certify, file, record, and perform such agreements, instruments, motions, affidavits, applications for approvals or rulings of governmental or regulatory authorities, certificates or other documents, and to take such other actions, as in the judgment of such officer shall be necessary, proper, and desirable to prosecute to a successful completion the Companies' chapter 11 cases, to effectuate the restructuring of the Companies' debt, other obligations, organizational form and structure, and ownership of the Companies and their subsidiaries consistent with the foregoing resolutions and to carry out and put into effect the purposes of the foregoing resolutions, and the transactions contemplated by these resolutions, their authority thereunto to be evidenced by the taking of such actions.

DIP Financing

WHEREAS, the Board has further determined that, in connection with the Chapter 11 Cases, it is necessary and desirable and in the best interest of the Companies, their creditors, stakeholders, and other interested parties to obtain post-petition debtor-in-possession financing in the amount of up to \$550,000.00 (collectively "**DIP Financing**"), subject to exceptions and limitations to be set forth in any orders of the Bankruptcy Court concerning any of the DIP Financing (the "**DIP Financing Orders**");

WHEREAS, the Board has been presented with and has reviewed the terms and provisions of a definitive debtor-in-possession financing agreement (the "**DIP Financing Agreement**") by and among the Companies, as debtors-in-possession, and Quality King Distributors, Inc. (the "**DIP Lender**"), a shareholder of MBMC and senior lender to the Companies, pursuant to which the DIP Lender has agreed to lend such DIP Financing to the Companies on an unsecured basis;

WHEREAS, the Board has determined that, in view of the Companies' financial condition, alternate DIP Financing cannot be obtained on terms comparable to or better than as set forth in the DIP Financing Agreement, and that it is in the best interests of the Companies, their creditors, stakeholders, and other interested parties, for the Companies to (i) consummate the transactions contemplated by the DIP Financing Agreement, and (ii) empower, authorize and direct the Authorized Persons of the Companies to take any and all actions as may be deemed appropriate to effect and perform the transactions contemplated thereby.

NOW, THEREFORE, BE IT RESOLVED, that the form, terms and provisions of the DIP Financing Agreement are hereby, in all respects, authorized, ratified, approved and adopted by the Board on behalf of the Companies; and it be

FURTHER RESOLVED, that the Companies are hereby authorized to incur and to undertake any and all related transactions contemplated under the DIP Financing Agreement and the DIP Documents; and it be

FURTHER RESOLVED, that the Companies are hereby authorized to borrow funds and perform pursuant to, and in accordance with, the DIP Documents; and it be

FURTHER RESOLVED, that the Authorized Persons are hereby authorized and directed, with full power of delegation, on behalf of and in the name of the Companies, to negotiate, execute and deliver the DIP Financing Agreement and any related documents contemplated thereby, in such form and with such changes or amendments (substantial or otherwise) thereto as any one or more of such Authorized Persons may deem necessary, desirable or appropriate, in order to consummate the transactions contemplated by the DIP Financing Agreement; and it be

FURTHER RESOLVED, that the Authorized Persons are hereby authorized and directed, with full power of delegation, on behalf of and in the name of the Companies, to take all such further actions which shall be necessary, proper or advisable to perform the Companies' obligations under or in connection with the DIP Financing Agreement and any related documents contemplated thereby and the transactions contemplated therein, and to carry out fully the intent of the foregoing resolutions.

General

FURTHER RESOLVED, that the Authorized Representatives are, and each of them hereby is, authorized, directed, and empowered for and in the name and on behalf of the Companies to amend, supplement, or otherwise modify from time to time the terms of any documents, certificates, instruments, agreements, or other writings referred to in the foregoing resolutions; and it is

FURTHER RESOLVED, that the Authorized Representatives are, and each of them hereby is, authorized, directed, and empowered, in the name and on behalf of the Companies to take or cause to be taken any and all such further action and to execute and deliver or cause to be executed or delivered, and when necessary or appropriate, file or cause to be filed with the appropriate governmental authorities or otherwise, all such further agreements, documents, reports, certificates, and undertakings and any amendments, supplements, or modifications thereto; and to incur and to pay all such fees and expenses and to engage such persons as in their judgment

shall be necessary, appropriate, or advisable to effectuate the purpose and intent of any and all of the foregoing resolutions; and it is

FURTHER RESOLVED, that all instruments, agreements, certificates, consents, waivers, or other documents heretofore executed and delivered (or caused to be executed and delivered) and all acts lawfully done or actions lawfully taken by the Board, the Companies or any officer or other duly authorized agent acting by or under the direction of the Board, in connection with the bankruptcy cases, including, without limitation, obtaining financing or obtaining authorization to use cash collateral pursuant to a budget, or any further action to seek relief on behalf of the Companies under the Bankruptcy Code, or in connection with the bankruptcy cases, or any matter related thereto, be, and hereby are, adopted, ratified, confirmed, and approved in all respects as the acts and deeds of the Companies; and it is

FURTHER RESOLVED, that the Board hereby ratifies and confirms all of the acts and transactions relating to matters contemplated by the foregoing resolutions, which acts and transactions would have been authorized and approved by the foregoing resolutions except that such acts and transactions were taken prior to the adoption of such resolutions, be, and they hereby are, in all respects confirmed, approved, and ratified.

IN WITNESS WHEREOF, the undersigned, constituting all of the members of the Board hereby consent to and approve and adopt these resolutions as of the date set forth above and direct that this Written Consent be filed in each of the Companies' books and records with the minutes of the proceedings of the Board.

/s/ Samuel Nussdorf
Samuel Nussdorf

/s/ Glenn Nussdorf
Samuel Nussdorf

/s/ Justin Feig
Justin Feig

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

MILLENNIAL BENEFIT MANAGEMENT
CORPORATION, *et al.*,

Debtors.¹

Chapter 11 (Subchapter V)

Case No. 23-xxxxxx (xxx)

(Joint Administration Pending)

**DEBTORS' CONSOLIDATED CORPORATE OWNERSHIP STATEMENT
AND LIST OF EQUITY INTEREST HOLDERS PURSUANT TO
FED. R. BANKR. P. 1007(a)(1), 1007(a)(3), AND 7007.1**

Pursuant to Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”), the above-captioned debtors and debtors in possession (collectively, the “**Debtors**”), to the best of their knowledge, information, and belief, hereto state as follows:

1. Mailmyprescriptions.com Pharmacy Corp. is a wholly owned subsidiary of Millennial Benefit Management Corporation (“**MBMC**”).

2. No parent corporation or publicly traded corporation owns ten (10) percent or more of the stock of MBMC.

3. A list of MBMC’s equity interest holders and the nature of their equity interests is attached hereto as **Exhibit A**.²

¹ The Debtors in these Chapter 11 Cases, along with the last four digits of their respective tax identification numbers, are as follows: Millennial Benefit Management Corporation (3842) and Mailmyprescriptions.com Pharmacy Corp. (3962). The address of the Debtors’ corporate headquarters is 671 NW 119th Street, Miami, Florida 33168.

² As of November 30, 2023.

Exhibit A

List of Millennial Benefit Management Corporation's Equity Interest Holders

NAME AND ADDRESS OF INTEREST HOLDER	KIND/CLASS OF INTEREST (MEMBER INTEREST)	PERCENTAGE OF INTERESTS HELD
Mahi Holdings, LLC 1450 Brickell Ave., Miami, FL 33131	Common	67.761%
Mike Schweiger [Address on File]	Common	1.035%
David Issa [Address on File]	Common	1.829%
Justin Stone [Address on File]	Common	0.228%
Daniel Lansman [Address on File]	Common	1.026%
Bryan Shetsky [Address on File]	Common	1.670%
Robert Watson [Address on File]	Common	0.637%
Patricia Ramos [Address on File]	Common	0.001%
Joel Medgebow [Address on File]	Common	1.049%
Elizabeth Trattner [Address on File]	Common	0.052%
The Santo J. Sottolare and Mary Lee Sottolare Living Trust 736 Gayfeather Lane Vero Beach, FL 32963	Common	0.031%
MITATY LLC 5311 NW 26 th Circle, Boca Raton, FL 33496	Common	0.053%
Anupam Vats [Address on File]	Common	0.421%
Donovan Chin [Address on File]	Common	0.248%
Jason Casten [Address on File]	Common	0.458%

NAME AND ADDRESS OF INTEREST HOLDER	KIND/CLASS OF INTEREST (MEMBER INTEREST)	PERCENTAGE OF INTERESTS HELD
iPower Technologies Inc. 6111 NW Broken Sound Pkwy NW Suite 170, Boca Raton, FL 33487	Common	0.031%
Lisa Leo [Address on File]	Common	0.031%
Brandon M. Rosen Revocable Trust Dated July 22, 2019 6119 Lyons Rd Coconut Creek, FL 33073- 4740	Common	1.026%
R & E Parker Family Limited Partnership 10822 Pine Lodge Trail Davie, FL 33328	Common	22.299%
Michael E. West [Address on File]		
J Maroon & J Tumulo [Address on File]		
Richard Danzansky [Address on File]		
James Harpel [Address on File]		
Gary Elzweig [Address on File]		
Michael Gordon [Address on File]		
Saul Kravec [Address on File]		
Rebeca Kravec [Address on File]		
Richard Lungen [Address on File]		
Nathan Ward [Address on File]		

NAME AND ADDRESS OF INTEREST HOLDER	KIND/CLASS OF INTEREST (MEMBER INTEREST)	PERCENTAGE OF INTERESTS HELD
Luxemburg Capital [Address on File]		
William Fradin [Address on File]		
Kimberly Kryvicky [Address on File]		
Chris Pizzo/Strong Side Ventures [Address on File]		
Bowline [Address on File]		
Daniel Kapp [Address on File]		
Steven Cashman [Address on File]		
Quality King Distributors 35 Sawgrass Drive, Suite 1 Bellport, NY 11731		
Kennedy Campus [Address on File]		
Donahue [Address on File]		
Muriel Iwanowski [Address on File]		
Stuart Kapp [Address on File]		
Jose Kornide/Eden Rock [Address on File]		
Cedars Capital/Najeeb Thomas [Address on File]		
Robert McGrath [Address on File]		

NAME AND ADDRESS OF INTEREST HOLDER	KIND/CLASS OF INTEREST (MEMBER INTEREST)	PERCENTAGE OF INTERESTS HELD
Dennis Rattner [Address on File]		
Rudolph Moise [Address on File]		
MD Base [Address on File]		
Arlene Feuerberg-Isaacs [Address on File]		
Patrick LaVoie [Address on File]		
Focus Group [Address on File]		
Kryvicky Ventures [Address on File]		
Anna Menz [Address on File]		
Gary H Elzweig Revocable Trust [Address on File]		
Christopher Allen/Stephanie Gordon [Address on File]		
Fredda Elzweig [Address on File]		
Francesca Kennedy [Address on File]	Common	0.043%
Shannon Palmeri [Address on File]	Common	0.068%

Fill in this information to identify the case:Debtor name **Millennial Benefit Management Corporation**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
McKesson PO Box 100884 Atlanta, GA 30384-0884		Professional Services				\$3,193,261.11
Script2U 4971 Southridge Blvd, Suite 115 Memphis, TN 38141		Professional Services				\$583,801.31
HealthWarehouse.com 7107 Industrial Road Florence, KY 41042		Professional Services				\$361,667.73
Microsoft One Microsoft Way Redmond, WA 98052		Professional Services				\$256,215.87
Good Rx 2701 Olympic Blvd, West Building Suite 200 Santa Monica, CA 90404		Professional Services				\$150,000.00
Ankur Gupta DBA BoltEHR, LLC 1668 Pantego Trail Cary, NC 27519		Professional Services				\$112,000.00
Xcelacore 810 S Thurlow Street Hinsdale, IL 60521		Professional Services				\$99,824.00
Braze Inc 330 W 34th Street, 18th Floor New York, NY 10001		Professional Services				\$97,325.00

Debtor **Millennial Benefit Management Corporation**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
De Lange Services, Inc. 8001 Birchwood Court PO Box 2000 Johnston, IA 50131		Professional Services				\$88,265.09
Genesys Cloud Services, Inc. 1302 El Camino Real, Suite 300 Menlo Park, CA 94025		Professional Services				\$87,866.37
Akerman LLP P.O. Box 4906 Orlando, FL 32802		Professional Services				\$51,189.50
DocSquad LLC 8000 Norman Center Drive South, Suite 12 Attn: NeueHealth Accounting Minneapolis, MN 55437		Professional Services				\$50,625.00
Looker 1600 Amphitheatre Pkwy Mountain View, CA 94043		Professional Services				\$44,626.50
Modular Office Environments, Inc 2903 NW 21st Ave Oakland Park, FL 33311		Professional Services				\$40,795.00
TopRx 2950 Brother Blvd Memphis, TN 38133		Professional Services				\$36,206.66
Semita 500 Winderley Place, Suite 226 Maitland, FL 32751		Professional Services				\$34,800.00
Okta (Auth0) PO Box 743620 Los Angeles, CA 90074-3620		Professional Services				\$29,460.00
Assouline & Berlowe 102 SE 2nd Street, Suite 3105 Miami, FL 33131		Professional Services				\$16,507.50

Debtor **Millennial Benefit Management Corporation**
 Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Marcum LLP PO Box 95000-2288 Philadelphia, PA 19195-0001		Professional Services				\$13,059.85
Dentons US LLP 601 S Figueroa Street, Suite 2500 Los Angeles, CA 90017-5704		Professional Services				\$9,572.68

Fill in this information to identify the case:Debtor name Millennial Benefit Management CorporationUnited States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

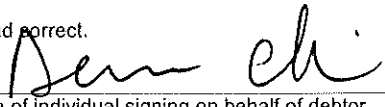
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Debtors' Consolidated Corporate Ownership Statement and List of Equity Interest Holders Pursuant to Fed. R. Bankr. P. 1007(A)(1), 1007(A)(3), and 7007.1**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 19, 2023

X


 Signature of individual signing on behalf of debtor
Donovan Chin

Printed name

Chief Restructuring Officer

Position or relationship to debtor

**United States Bankruptcy Court
District of Delaware**

In re Millennial Benefit Management Corporation

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Chief Restructuring Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: December 19, 2023



Donovan Chin/Chief Restructuring Officer
Signer/Title

CARRYOVER DATA TO 2023

Name	MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC. & SUBSIDIARIES	Employer Identification Number	81-1593842
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Based on the information provided with this return, the following are possible carryover amounts to next year.

[illegible]

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form **1120**

For calendar year 2022 or tax year beginning _____, ending _____

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form1120 for instructions and the latest information.**2022****A** Check if:

- 1a Consolidated return (attach Form 851) ☒ **X**
- b Life/nonlife consolidated return ☐
- 2 Personal holding co. (attach Sch. PH) ☐
- 3 Personal service corp. (see instructions) ☐
- 4 Schedule M-3 attached ☐

**TYPE
OR
PRINT**Name **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES**Number, street, and room or suite no. If a P.O. box, see instructions.
622 BANYAN TRAIL, STE 614City or town, state or province, country, and ZIP or foreign postal code
BOCA RATON, FL 33431**B** Employer identification number**81-1593842****C** Date incorporated**12/15/2015****D** Total assets (see instructions)**\$ 450,275.****E** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a Gross receipts or sales	1a	9,370,728.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	9,370,728.
	2 Cost of goods sold (attach Form 1125-A)	2	9,483,983.
	3 Gross profit. Subtract line 2 from line 1c	3	-113,255.
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	-107,755.
10 Other income (attach statement)	10		
11 Total income. Add lines 3 through 10	11	-221,010.	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	4,330,515.
	14 Repairs and maintenance	14	55,808.
	15 Bad debts	15	78,698.
	16 Rents	16	306,479.
	17 Taxes and licenses	17	373,798.
	18 Interest (see instructions)	18	31,305.
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	30,057.
	21 Depletion	21	
	22 Advertising	22	256,923.
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	278,326.
	25 Reserved for future use	25	
	26 Other deductions (attach statement) SEE CONSOLIDATED INCOME AND DEDUCTIONS	26	2,537,808.
	27 Total deductions. Add lines 12 through 26	27	8,279,717.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-8,500,727.
	29a Net operating loss deduction (see instructions)	29a	0.
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-8,500,727.
	31 Total tax (Schedule J, Part I, line 11)	31	0.
	32 Reserved for future use	32	
	33 Total payments and credits (Schedule J, Part III, line 23)	33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed	35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid	36	
37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded	37		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	VP OF FINANCE
Paid	Print/Type preparer's name	Preparer's signature	Date
	WILLIAM BOIMAN	WILLIAM BOIMAN	
Preparer	Firm's name	Firm's EIN	PTIN
	MARCUM LLP	11-1986323	P01422491
Use Only	Firm's address	Phone no.	
	ONE SOUTHEAST THIRD AVE, SUITE 1100 MIAMI, FL 33131	(305) 995-9600	

211601
12-15-22

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2022)

Form 1120 (2022)

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842 Page 2

Schedule C	Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See Instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8		See Instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC -DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Form **1120** (2022)

Form 1120 (2022) **MILLENNIAL BENEFIT MANAGEMENT CORPORATION**

81-1593842 Page 3

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. See instructions		0.
3	Base erosion minimum tax amount (attach Form 8991)		
4	Add lines 2 and 3		0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f	
g	Other (see instructions - attach statement)	9g	
10	Total. Add lines 9a through 9g	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0.

Part II - Reserved For Future Use

12	Reserved for future use	12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	
14	2022 estimated tax payments	14	
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	

Form **1120** (2022)

Form 1120 (2022) **MILLENNIAL BENEFIT MANAGEMENT CORPORATION****81-1593842** Page 4**Schedule K Other Information** (see instructions)

1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. 541990		
b Business activity HEALTHCARE		
c Product or service HEALTHCARE		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? _____ If "Yes," enter name and EIN of the parent corporation _____		X
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) _____	X	
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) _____		X
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions _____ If "Yes," complete (i) through (iv) below.		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 _____ If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? _____ For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached _____		X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	<input type="checkbox"/>	
9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here _____ If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.	<input checked="" type="checkbox"/>	
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) _____ \$ 43,523,367.		

Form **1120** (2022)

Form 1120 (2022) **MILLENNIAL BENEFIT MANAGEMENT CORPORATION****81-1593842** Page 5**Schedule K Other Information** (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote By Value		

Form **1120** (2022)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		1,160,458.		119,925.	
2a Trade notes and accounts receivable	529,872.		20,620.		
b Less allowance for bad debts	(65,000.)	464,872.	()	20,620.	
3 Inventories		239,099.			
4 U.S. government obligations	SEE		SEE		
5 Tax-exempt securities	STATEMENT OF		STATEMENT OF		
6 Other current assets (att. stmt.)	CONSOLIDATED	201,834.	CONSOLIDATED	47,698.	
7 Loans to shareholders	BEGINNING		ENDING		
8 Mortgage and real estate loans	BALANCE SHEET		BALANCE SHEET		
9 Other investments (att. stmt.)					
10a Buildings and other depreciable assets	1,983,818.		855,749.		
b Less accumulated depreciation	(1,401,589.)	582,229.	(593,717.)	262,032.	
11a Depletable assets					
b Less accumulated depletion	()		()		
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization	()		()		
14 Other assets (att. stmt.)		75,911.			
15 Total assets		2,724,403.		450,275.	
Liabilities and Shareholders' Equity					
16 Accounts payable		357,703.		3,969,722.	
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (att. stmt.)		3,744,280.		5,079,468.	
19 Loans from shareholders					
20 Mortgages, notes, bonds payable in 1 year or more		27,574,402.		27,574,402.	
21 Other liabilities (att. stmt.)					
22 Capital stock: a Preferred stock					
b Common stock	71,056.	71,056.	71,056.	71,056.	
23 Additional paid-in capital		16,825,360.		19,225,395.	
24 Retained earnings - Appropriated (attach statement)					
25 Retained earnings - Unappropriated		-45,848,398.		-55,469,768.	
26 Adjustments to shareholders' equity (attach statement)					
27 Less cost of treasury stock		()		()	
28 Total liabilities and shareholders' equity		2,724,403.		450,275.	

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-9,621,370.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize):	30,178.	8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$	
a Depreciation \$ 154,877.		b Charitable contributions \$	
b Charitable contributions \$			136,659.
c Travel and entertainment ... \$		9 Add lines 7 and 8	136,659.
1,072,247.	1,227,124.	10 Income (page 1, line 28) - line 6 less line 9	-8,500,727.
6 Add lines 1 through 5	-8,364,068.		

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1 Balance at beginning of year	-45,848,398.	5 Distributions: a Cash	
2 Net income (loss) per books	-9,621,370.	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-55,469,768.	8 Balance at end of year (line 4 less line 7)	-55,469,768.

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**

OMB No. 1545-0123

Department of the Treasury

▶ **Go to www.irs.gov/Form1125A for the latest information.**

Internal Revenue Service

Name **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES**

Employer identification number

81-1593842

1	Inventory at beginning of year	1	239,099.
2	Purchases	2	8,413,880.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach schedule)	4	0.
5	Other costs (attach schedule)	5	831,004.
6	Total. Add lines 1 through 5	6	9,483,983.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	9,483,983.

9 a Check all methods used for valuing closing inventory:

- (i) ☐ Cost
- (ii) ☒ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation) ▶ _____

b Check if there was a writedown of subnormal goods ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d** | _____**e** If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

**SCHEDULE G
(Form 1120)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Certain Persons Owning the
Corporation's Voting Stock**

OMB No. 1545-0123

▶ Attach to Form 1120.

Name MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC. & SUBSIDIARIES	Employer identification number (EIN) 81-1593842
--	---

Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
MAHI HOLDINGS LLC	82-2355745	PARTNERSHIP	UNITED STATES	53.45%

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

217701
04-01-22 LHA

Form 851
(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

Affiliations Schedule
For tax year ending **DECEMBER 31, 2022**

OMB No. 1545-0123

▶ File with each consolidated income tax return.

▶ Information about Form 851 and its instructions is at www.irs.gov/form851.

Name of common parent corporation **MILLENNIAL BENEFIT MANAGEMENT CORPORATION** Employer identification number **81-1593842**

Number, street, and room or suite no. If a P.O. box, see instructions.

622 BANYAN TRAIL, STE 614City or town, state, and ZIP code **BOCA RATON, FL 33431****Part I** Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)

Corp. No.	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 7004
1	Common parent corporation			
2	Subsidiary corporations: MAILMYPRESCRIPTIONS.COM 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	81-2833962	0.	0.
3	GENIUSCARE, INC. 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	85-0745255	0.	0.
4	GRX ADMINISTRATORS, INC. 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	85-2140529	0.	0.
5				
6				
7				
8				
9				
10				
Totals (Must equal amounts shown on the consolidated tax return) ▶				

Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)

Corp. No.	Principal business activity (PBA)	PBA Code No.	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percent of voting power	Percent of value	Owned by corporation no.
1	Common parent corporation HEALTHCARE	541990						
2	Subsidiary corporations: HEALTHCARE	541990		X		100.00 %	100.00 %	1
3	HEALTHCARE	541990		X		100.00 %	100.00 %	1
4	HEALTHCARE	541990		X		100.00 %	100.00 %	1
5						%	%	
6						%	%	
7						%	%	
8						%	%	
9						%	%	
10						%	%	

Page 2

Part III

[illegible]

- (c) If any transaction listed above caused a transfer of a share of subsidiary stock (defined to include dispositions and deconsolidations), did the share's basis exceed its value at the time of the transfer? See instructions ☐ Yes ☒ No

- (d) Did any share of subsidiary stock become worthless within the meaning of section 165 (taking into account the provisions of Regulations section 1.1502-80(c)) during the taxable year? See instructions ☐ Yes ☒ No

- (e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

- (f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

Part IV Additional Stock Information (see instructions)

1 During the tax year, did the corporation have more than one class of stock outstanding? ☐ Yes ☒ No
If "Yes," enter the name of the corporation and list and describe each class of stock.

Corp. No.	Name of corporation	Class of stock

2 During the tax year, was there any member of the consolidated group that reaffiliated within 60 months of disaffiliation? ☐ Yes ☒ No
If "Yes," enter the name of the corporation(s) and explain circumstances.

Corp. No.	Name of corporation	Explanation

3 During the tax year, was there any arrangement in existence by which one or more persons that were not members of the affiliated group could acquire any stock, or acquire any voting power without acquiring stock, in the corporation, other than a de minimis amount, from the corporation or another member of the affiliated group? ☐ Yes ☒ No
If "Yes," enter the name of the corporation and see the instructions for the percentages to enter in columns (a), (b), and (c).

Corp. No.	Name of corporation	(a) Percent of value	(b) Percent of outstanding voting stock	(c) Percent of voting power
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%

Corp. No.	(d) Provide a description of any arrangement.

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property) OTHER

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES****OTHER DEPRECIATION****81-1593842****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	24,377.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	5,680.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	30,057.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842 Page 2

Part V**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
27 Property used 50% or less in a qualified business use:								
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property) OTHER

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179****MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES**

Business or activity to which this form relates

OTHER DEPRECIATION

Identifying number

81-1593842**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2022)

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842 Page 2

Part V**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	%						
	:	%						
	:	%						
27 Property used 50% or less in a qualified business use:								
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	(D)EQUIPMENT	01/17/18	200DB	5.00	HY	17	1,699.			1,699.				0.	
3	EQUIPMENT	01/05/18	200DB	5.00	HY	17	16,695.			16,695.				0.	
4	(D)EQUIPMENT	02/27/18	200DB	5.00	HY	17	1,900.			1,900.				0.	
5	EQUIPMENT	03/15/18	200DB	5.00	HY	17	2,612.			2,612.				0.	
6	EQUIPMENT	08/14/18	200DB	5.00	HY	17	46,028.			46,028.				0.	
7	EQUIPMENT	08/16/18	200DB	5.00	HY	17	59,977.			59,977.				0.	
8	(D)EQUIPMENT	08/02/18	200DB	5.00	HY	17	1,297.			1,297.				0.	
9	EQUIPMENT	10/26/18	200DB	5.00	HY	17	111,995.			111,995.				0.	
10	(D)EQUIPMENT	12/12/18	200DB	5.00	HY	17	18,694.			18,694.				0.	
11	(D)EQUIPMENT	02/15/18	200DB	5.00	HY	17	894.			894.				0.	
12	FURNITURES & FIXTURES	01/08/18	200DB	7.00	HY	17	1,391.			1,391.				0.	
13	FURNITURES & FIXTURES	01/18/18	200DB	7.00	HY	17	1,537.			1,537.				0.	
14	FURNITURES & FIXTURES	02/21/18	200DB	7.00	HY	17	6,707.			6,707.				0.	
15	(D)FURNITURES & FIXTURES	02/23/18	200DB	7.00	HY	17	62.			62.				0.	
16	(D)FURNITURE & FIXTURES	02/26/18	200DB	7.00	HY	17	2,147.			2,147.				0.	
17	(D)FURNITURE & FIXTURES	03/06/18	200DB	7.00	HY	17	988.			988.				0.	
18	FURNITURE & FIXTURES	03/13/18	200DB	7.00	HY	17	1,355.			1,355.				0.	
19	(D)LEASEHOLD IMPROVEMENTS	01/31/18	150DB	15.00	HY	17	64,859.			64,859.				0.	

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	(D)LEASEHOLD IMPROVEMENTS	02/01/18	150DB	15.00	HY	17	9,634.			9,634.				0.	
21	(D)LEASEHOLD IMPROVEMENTS	03/29/18	150DB	15.00	HY	17	14,543.			14,543.				0.	
22	(D)LEASEHOLD IMPROVEMENTS	04/01/18	150DB	15.00	HY	17	9,166.			9,166.				0.	
23	(D)LEASEHOLD IMPROVEMENTS	03/29/18	150DB	15.00	HY	17	4,140.			4,140.				0.	
24	(D)EQUIPMENT	07/31/16	200DB	5.00	HY	17	4,221.			2,111.	2,110.	2,110.		0.	2,110.
25	(D)EQUIPMENT	09/30/16	200DB	5.00	HY	17	47,367.			23,684.	23,683.	23,683.		0.	23,683.
26	EQUIPMENT	10/31/16	200DB	5.00	HY	17	21,999.			11,000.	10,999.	10,999.		0.	10,999.
27	EQUIPMENT	11/30/16	200DB	5.00	HY	17	15,732.			7,866.	7,866.	7,866.		0.	7,866.
28	(D)EQUIPMENT	12/31/16	200DB	5.00	HY	17	87,561.			43,781.	43,780.	43,780.		0.	43,780.
29	(D)EQUIPMENT	01/06/17	200DB	5.00	HY	17	1,719.			860.	859.	809.		50.	859.
30	(D)EQUIPMENT	04/30/17	200DB	5.00	HY	17	1,397.			699.	698.	658.		40.	698.
31	EQUIPMENT	10/31/17	200DB	5.00	HY	17	26,828.			26,828.				0.	
32	(D)EQUIPMENT	12/31/17	200DB	5.00	HY	17	1,800.			1,800.				0.	
33	(D)FURNITURE & FIXTURES	04/15/17	200DB	7.00	HY	17	1,314.			657.	657.	511.		29.	540.
34	(D)LEASEHOLD IMPROVEMENTS	01/31/17	SL	15.00		16	946.			473.	473.	143.		32.	175.
35	(D)LEASEHOLD IMPROVEMENTS	08/31/17	SL	15.00		16	72,305.			36,153.	36,152.	10,846.		2,410.	13,256.
36	(D)LEASEHOLD IMPROVEMENTS	09/30/17	SL	15.00		16	851.			851.				0.	
37	(D)LEASEHOLD IMPROVEMENTS	10/31/17	SL	15.00		16	62,290.			62,290.				0.	

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	(D)LEASEHOLD IMPROVEMENTS	11/30/17	SL	15.00		16	61,400.			61,400.				0.	
39	(D)LEASEHOLD IMPROVEMENTS	12/31/17	SL	15.00		16	82,081.			82,081.				0.	
40	(D)FURNITURE & FIXTURES	10/31/17	200DB	7.00	HY	17	7,817.			7,817.				0.	
41	FURNITURE & FIXTURES	11/30/17	200DB	7.00	HY	17	14,791.			14,791.				0.	
42	CAPITAL LEASE	01/01/17	SL	10.00		16	418,568.			209,284.	209,284.	94,177.		20,928.	115,105.
43	FURNITURES & FIXTURES	08/29/17	200DB	7.00	HY	17	20,059.			10,030.	10,029.	7,792.		895.	8,687.
44	(D)FURNITURE & FIXTURES	10/31/17	200DB	7.00	HY	17	6,913.			6,913.				0.	
45	(D)FURNITURE & FIXTURES	12/31/17	200DB	7.00	HY	17	15,486.			15,486.				0.	
46	EQUIPMENT	08/22/17	200DB	5.00	HY	17	13,740.			6,870.	6,870.	6,474.		396.	6,870.
47	EQUIPMENT	10/19/17	200DB	5.00	HY	17	15,788.			15,788.				0.	
48	EQUIPMENT	03/23/17	200DB	5.00	HY	17	2,761.			1,381.	1,380.	1,300.		80.	1,380.
49	EQUIPMENT	04/28/17	200DB	5.00	HY	17	938.			469.	469.	442.		27.	469.
50	(D)LEASEHOLD IMPROVEMENTS	02/28/17	SL	15.00		16	30,214.			15,107.	15,107.	4,531.		1,007.	5,538.
51	(D)LEASEHOLD IMPROVEMENTS	07/31/16	150DB	15.00	HY	17	12,973.				12,973.	9,334.		192.	9,526.
52	(D)LEASEHOLD IMPROVEMENTS	08/31/16	150DB	15.00	HY	17	72,758.				72,758.	52,351.		1,074.	53,425.
53	(D)LEASEHOLD IMPROVEMENTS	09/30/16	150DB	15.00	HY	17	162,466.				162,466.	116,897.		2,399.	119,296.
54	(D)LEASEHOLD IMPROVEMENTS	10/31/16	150DB	15.00	HY	17	13,910.				13,910.	10,009.		206.	10,215.
55	(D)LEASEHOLD IMPROVEMENTS	11/30/16	150DB	15.00	HY	17	14,799.				14,799.	10,648.		219.	10,867.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
56	(D)LEASEHOLD IMPROVEMENTS	12/31/16	150DB	15.00	HY	17	2,400.				2,400.	1,727.		36.	1,763.
57	(D)LEASEHOLD IMPROVEMENTS	05/31/16	150DB	15.00	HY	17	2,497.				2,497.	1,797.		37.	1,834.
58	(D)FURNITURE & FIXTURES	06/03/19	200DB	7.00	MC	17	743.			743.				0.	
59	(D)FURNITURE & FIXTURES	07/18/19	200DB	7.00	MC	17	7,089.			7,089.				0.	
60	FURNITURE & FIXTURES	06/19/19	200DB	7.00	MC	17	800.			800.				0.	
61	(D)EQUIPMENT	01/10/19	200DB	5.00	MC	17	2,182.			2,182.				0.	
62	(D)EQUIPMENT	01/10/19	200DB	5.00	MC	17	114.			114.				0.	
63	(D)EQUIPMENT	01/30/19	200DB	5.00	MC	17	2,691.			2,691.				0.	
64	EQUIPMENT	08/30/19	200DB	5.00	MC	17	1,281.			1,281.				0.	
65	EQUIPMENT	08/28/19	200DB	5.00	MC	17	641.			641.				0.	
66	EQUIPMENT	12/13/19	200DB	5.00	MC	17	2,799.			2,799.				0.	
67	(D)LEASEHOLD IMPROVEMENTS	12/31/19	150DB	15.00	MC	17	62,500.			62,500.				0.	
68	EQUIPMENT	01/02/20	200DB	5.00	HY	17	4,328.			4,328.				0.	
69	EQUIPMENT	03/11/20	200DB	5.00	HY	17	1,361.			1,361.				0.	
70	EQUIPMENT	05/22/20	200DB	5.00	HY	17	2,104.			2,104.				0.	
71	(D)EQUIPMENT	06/01/20	200DB	5.00	HY	17	1,204.			1,204.				0.	
72	(D)EQUIPMENT	06/05/20	200DB	5.00	HY	17	2,119.			2,119.				0.	
73	(D)EQUIPMENT	06/13/20	200DB	5.00	HY	17	1,204.			1,204.				0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
74	(D)EQUIPMENT	06/19/20	200DB	5.00	HY	17	2,032.			2,032.				0.	
75	(D)EQUIPMENT	06/22/20	200DB	5.00	HY	17	1,299.			1,299.				0.	
76	(D)EQUIPMENT	06/24/20	200DB	5.00	HY	17	1,320.			1,320.				0.	
77	(D)EQUIPMENT	06/29/20	200DB	5.00	HY	17	2,567.			2,567.				0.	
78	(D)EQUIPMENT	07/14/20	200DB	5.00	HY	17	2,217.			2,217.				0.	
79	(D)EQUIPMENT	07/16/20	200DB	5.00	HY	17	1,648.			1,648.				0.	
80	(D)EQUIPMENT	07/17/20	200DB	5.00	HY	17	2,539.			2,539.				0.	
81	(D)EQUIPMENT	07/21/20	200DB	5.00	HY	17	2,614.			2,614.				0.	
82	EQUIPMENT	07/22/20	200DB	5.00	HY	17	2,567.			2,567.				0.	
83	(D)EQUIPMENT	08/11/20	200DB	5.00	HY	17	2,972.			2,972.				0.	
84	(D)EQUIPMENT	09/04/20	200DB	5.00	HY	17	1,217.			1,217.				0.	
85	(D)EQUIPMENT	09/04/20	200DB	5.00	HY	17	6,226.			6,226.				0.	
86	(D)EQUIPMENT	09/18/20	200DB	5.00	HY	17	3,316.			3,316.				0.	
87	(D)EQUIPMENT	09/29/20	200DB	5.00	HY	17	3,507.			3,507.				0.	
88	(D)EQUIPMENT	09/30/20	200DB	5.00	HY	17	3,316.			3,316.				0.	
89	(D)EQUIPMENT	09/17/20	200DB	5.00	HY	17	899.			899.				0.	
90	EQUIPMENT	10/12/20	200DB	5.00	HY	17	783.			783.				0.	
91	EQUIPMENT	10/21/20	200DB	5.00	HY	17	7,906.			7,906.				0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	EQUIPMENT	11/01/20	200DB	5.00	HY	17	1,745.			1,745.				0.	
93	EQUIPMENT	12/14/20	200DB	5.00	HY	17	2,399.			2,399.				0.	
94	(D)EQUIPMENT	12/18/20	200DB	5.00	HY	17	1,818.			1,818.				0.	
95	(D)EQUIPMENT	12/19/20	200DB	5.00	HY	17	1,230.			1,230.				0.	
96	FURNITURE & FIXTURES	08/12/20	200DB	7.00	HY	17	2,140.			2,140.				0.	
97	(D)FURNITURE & FIXTURES	05/06/21	200DB	7.00	HY	17	855.			855.				0.	
98	(D)FURNITURE & FIXTURES	06/15/21	200DB	7.00	HY	17	3,000.			3,000.				0.	
99	(D)FURNITURE & FIXTURES	06/15/21	200DB	7.00	HY	17	1,279.			1,279.				0.	
100	(D)COMPUTER EQUIPMENT	01/08/21	200DB	5.00	HY	17	2,408.			2,408.				0.	
101	(D)COMPUTER EQUIPMENT	01/28/21	200DB	5.00	HY	17	2,397.			2,397.				0.	
102	COMPUTER EQUIPMENT	02/26/21	200DB	5.00	HY	17	7,274.			7,274.				0.	
103	(D)COMPUTER EQUIPMENT	03/08/21	200DB	5.00	HY	17	6,226.			6,226.				0.	
104	(D)COMPUTER EQUIPMENT	03/09/21	200DB	5.00	HY	17	1,892.			1,892.				0.	
105	(D)COMPUTER EQUIPMENT	03/09/21	200DB	5.00	HY	17	1,892.			1,892.				0.	
106	(D)COMPUTER EQUIPMENT	03/25/21	200DB	5.00	HY	17	1,198.			1,198.				0.	
107	(D)COMPUTER EQUIPMENT	03/25/21	200DB	5.00	HY	17	693.			693.				0.	
108	(D)COMPUTER EQUIPMENT	03/26/21	200DB	5.00	HY	17	3,316.			3,316.				0.	
109	COMPUTER EQUIPMENT	03/30/21	200DB	5.00	HY	17	3,787.			3,787.				0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	(D) COMPUTER EQUIPMENT	04/01/21	200DB	5.00	HY	17	1,892.			1,892.				0.	
111	(D) COMPUTER EQUIPMENT	04/05/21	200DB	5.00	HY	17	3,316.			3,316.				0.	
112	(D) COMPUTER EQUIPMENT	04/19/21	200DB	5.00	HY	17	3,307.			3,307.				0.	
113	(D) COMPUTER EQUIPMENT	04/19/21	200DB	5.00	HY	17	3,316.			3,316.				0.	
114	(D) COMPUTER EQUIPMENT	05/20/21	200DB	5.00	HY	17	4,042.			4,042.				0.	
115	(D) COMPUTER EQUIPMENT	05/24/21	200DB	5.00	HY	17	2,772.			2,772.				0.	
116	(D) COMPUTER EQUIPMENT	05/25/21	200DB	5.00	HY	17	5,540.			5,540.				0.	
117	(D) COMPUTER EQUIPMENT	06/11/21	200DB	5.00	HY	17	1,342.			1,342.				0.	
118	(D) COMPUTER EQUIPMENT	06/25/21	200DB	5.00	HY	17	3,695.			3,695.				0.	
119	(D) COMPUTER EQUIPMENT	06/28/21	200DB	5.00	HY	17	3,688.			3,688.				0.	
120	(D) COMPUTER EQUIPMENT	09/01/21	200DB	5.00	HY	17	2,231.			2,231.				0.	
121	(D) COMPUTER EQUIPMENT	10/07/21	200DB	5.00	HY	17	2,311.			2,311.				0.	
122	(D) COMPUTER EQUIPMENT	10/13/21	200DB	5.00	HY	17	1,541.			1,541.				0.	
123	(D) COMPUTER EQUIPMENT	10/15/21	200DB	5.00	HY	17	2,385.			2,385.				0.	
124	(D) COMPUTER EQUIPMENT	11/09/21	200DB	5.00	HY	17	2,680.			2,680.				0.	
125	(D) COMPUTER EQUIPMENT	11/12/21	200DB	5.00	HY	17	2,708.			2,708.				0.	
126	COMPUTER EQUIPMENT	11/18/21	200DB	5.00	HY	17	1,342.			1,342.				0.	
127	COMPUTER EQUIPMENT	11/24/21	200DB	5.00	HY	17	10,798.			10,798.				0.	

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
128	(D)COMPUTER EQUIPMENT	11/24/21	200DB	5.00	HY	17	1,584.			1,584.				0.	
129	(D)LEASEHOLD IMPROVEMENTS	04/02/21	150DB	15.00	HY	17	1,152.			1,152.				0.	
130	(D)LEASEHOLD IMPROVEMENTS	04/15/21	150DB	15.00	HY	17	14,150.			14,150.				0.	
131	(D)LEASEHOLD IMPROVEMENTS	04/16/21	150DB	15.00	HY	17	8,719.			8,719.				0.	
132	(D)LEASEHOLD IMPROVEMENTS	04/22/21	150DB	15.00	HY	17	6,664.			6,664.				0.	
133	(D)LEASEHOLD IMPROVEMENTS	05/24/21	150DB	15.00	HY	17	1,215.			1,215.				0.	
134	(D)LEASEHOLD IMPROVEMENTS	06/20/21	150DB	15.00	HY	17	1,600.			1,600.				0.	
135	FURNITURE & FIXTURES	05/07/21	200DB	7.00	HY	17	800.			800.				0.	
136	(D)COMPUTER EQUIPMENT	10/29/21	200DB	5.00	HY	17	4,368.			4,368.				0.	
	* TOTAL OTHER DEPRECIATION						1,983,821.			1,331,602.	652,219.	418,884.		30,057.	448,941.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,983,821.		0.	1,331,602.	652,219.	418,884.			448,941.
	ACQUISITIONS						0.		0.	0.	0.	0.			0.
	DISPOSITIONS/RETIRED						1,129,465.		0.	724,143.	405,322.	289,834.			297,565.
	ENDING BALANCE						854,356.		0.	607,459.	246,897.	129,050.			151,376.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4797 Department of the Treasury Internal Revenue Service	Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.	OMB No. 1545-0184 <div style="font-size: 2em; font-weight: bold;">2022</div> Attachment Sequence No. 27
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Name(s) shown on return MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC. & SUBSIDIARIES	Identifying number 81-1593842
1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)							
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. SEE STATEMENT 3							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)							
10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): SALE OF FIXED ASSETS							
	VARIES	123122	0.	1,021,708.	1,129,463.	-107,755.	
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17 -107,755.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126	29a			
b	Enter the smaller of line 24 or 29a	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Election to Waive the Net Operating Loss Carryback Period

MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES
622 BANYAN TRAIL, STE 614
BOCA RATON, FL 33431

Employer Identification Number: 81-1593842

For the Year Ending December 31, 2022

MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC. & SUBSIDIARIES hereby elects, pursuant to Sec. 172(b)(3) of the Internal Revenue Code, to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended December 31, 2022, and will have such loss available for carryforward only.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC. & SUBSIDIARIES
622 BANYAN TRAIL, STE 614
BOCA RATON, FL 33431

Employer Identification Number: 81-1593842

For the Year Ending December 31, 2022

MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC. & SUBSIDIARIES is
making the de minimis safe harbor election under Reg. Sec.
1.263(a)-1(f).

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO81-1593842

FOOTNOTESSTATEMENT 2

MILLENNIAL BENEFIT MANAGEMENT CORPORATION QUALIFIES FOR THE SMALL BUSINESS EXCEPTION TO SECTION 163(J) AND THE COMPANY IS NOT SUBJECT TO THE SECTION 163(J) LIMITATION ON BUSINESS INTEREST.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 4797

SECTION 1231 LOSSES FROM PRIOR YEARS

STATEMENT 3

	LOSS SUSTAINED	LOSS PREVIOUSLY RECAPTURED	LOSS REMAINING
TAX YEAR 2017	14,395		14,395
TAX YEAR 2018			
TAX YEAR 2019			
TAX YEAR 2020			
TAX YEAR 2021			
TOTAL REMAINING SECTION 1231 LOSSES FROM PRIOR YEARS			14,395

INCOME AND DEDUCTIONS

	CONSOLIDATED AMOUNTS	ADJUSTMENTS	ELIMINATIONS	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Gross receipts or sales	9,370,728.			9,370,728.		9,370,728.		
Less returns and allowances								
Net Sales	9,370,728.			9,370,728.		9,370,728.		
Cost of goods sold:								
Inventory at beginning of year	239,099.			239,099.		239,099.		
Purchases	8,413,880.			8,413,880.		8,413,880.		
Cost of labor								
Additional section 263A costs								
Other costs	STMT 7 831,004.			831,004.	85,072.	745,932.		
Inventory end of year								
Cost of goods sold	9,483,983.			9,483,983.	85,072.	9,398,911.		
Gross profit	-113,255.			-113,255.	-85,072.	-28,183.		
Dividends								
Interest								
Gross rents								
Gross royalties								
Capital gain net income								
Net gain or (loss) Form 4797	-107,755.			-107,755.	-107,755.			
Other income								
Total Income	-221,010.			-221,010.	-192,827.	-28,183.		
Deductions								
Compensation of officers								
Salaries and wages	4,330,515.			4,330,515.	4,330,515.			
Repairs	55,808.			55,808.	55,434.	374.		
Bad debts	78,698.			78,698.	78,698.			
Rents	306,479.			306,479.	309,365.	-2,886.		
Taxes	STMT 8 373,798.			373,798.	335,144.	37,886.	384.	384.
Interest	31,305.			31,305.	31,305.			
Charitable Contributions	STMT 4							
Depreciation not claimed elsewhere	30,057.			30,057.	30,057.			
Depletion								
Advertising	256,923.			256,923.	256,923.			
Pension, profit-sharing, etc., plans								
Employee benefit programs	278,326.			278,326.	278,326.			
Other deductions	STMT 9 2,537,808.			2,537,808.	2,168,783.	362,723.	6,302.	
Total Deductions	8,279,717.			8,279,717.	7,874,550.	398,097.	6,686.	384.
Taxable income before NOL and special deductions	-8,500,727.			-8,500,727.	-8,067,377.	-426,280.	-6,686.	-384.
Net operating loss deduction	STMT 5							
Special deductions								
Taxable Income	-8,500,727.			-8,500,727.	-8,067,377.	-426,280.	-6,686.	-384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

CHARITABLE CONTRIBUTION ADJUSTMENT

STATEMENT 4

LIMITATION OF 10% OF TAXABLE INCOME AS ADJUSTED

-1,391,677.

	ORIGINAL CONTRIBUTION	APPLIED TO DATE	CONTRIBUTION AVAILABLE	AMOUNT DEDUCTED	REMAINING LIMITATION AFTER DEDUCTION
YEAR END	12/31/18	MILLENNIAL BENEFIT MANAGEMENT			
	505.	0.	505.	0.	0.
YEAR END	12/31/20	MILLENNIAL BENEFIT MANAGEMENT			
	1,080.	0.	1,080.	0.	0.
YEAR END	12/31/21	MILLENNIAL BENEFIT MANAGEMENT			
	3,000.	0.	3,000.	0.	0.
CONSOLIDATED CHARITABLE CONTRIBUTION DEDUCTION				0.	
LESS: COMBINED CHARITABLE CONTRIBUTION DEDUCTION				0.	
CONSOLIDATED ADJUSTMENT				0.	

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

NET OPERATING LOSS ADJUSTMENT

STATEMENT 5

CONSOLIDATED TAXABLE INCOME BEFORE NOL

-8,500,727.

	SRLY OR SEC. 382 LIMIT	TOTAL NOL AVAILABLE	TOTAL NOL AFTER SRLY OR SEC. 382 LIMITATION	TOTAL NOL DEDUCTED	REMAINING TAXABLE INCOME AFTER NOL DEDUCTION
YEAR END	12/31/16	MILLENNIAL BENEFIT MANAGEMENT 1,068,680.	1,068,680.	0.	
YEAR END	12/31/17	MILLENNIAL BENEFIT MANAGEMENT 4,347,364.	4,347,364.	0.	
YEAR END	12/31/18	MILLENNIAL BENEFIT MANAGEMENT 7,175,623.	0.*	0.	
YEAR END	12/31/19	MILLENNIAL BENEFIT MANAGEMENT 8,054,483.	0.*	0.	
YEAR END	12/31/20	MILLENNIAL BENEFIT MANAGEMENT 8,833,923. GENIUSCARE, INC. 11,698. GRX ADMINISTRATORS, INC. 343.	0.* 0.* 0.*	0. 0. 0.	
YEAR END	12/31/21	MILLENNIAL BENEFIT MANAGEMENT 14,016,625. GENIUSCARE, INC. 14,239. GRX ADMINISTRATORS, INC. 389.	0.* 0.* 0.*	0. 0. 0.	
SUBTOTAL		43,523,367.	5,416,044.	0.	
CONSOLIDATED NOL DEDUCTION			0.		
COMBINED NOL DEDUCTION			0.		
CONSOLIDATED NOL ADJUSTMENT			0.		
*SUBJECT TO 80% TAXABLE INCOME LIMIT OF				0.	

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

 ALLOCATION OF CURRENT CONSOLIDATED NET
 OPERATING LOSS TO MEMBER CORPORATIONS

STATEMENT 6

	CURRENT CONSOLIDATED NOL	X	MEMBER'S CURRENT NOL	/	TOTAL OF ALL MEMBERS WITH NOL	=	NOL ALLOCATED TO THIS COMPANY
12/31/22	MILLENNIAL BENEFIT MANAGEMENT						
	8,500,727.		8,067,377.		8,500,727.		8,067,377.
12/31/22	MAILMYPRESCRIPTIONS.COM						
	8,500,727.		426,280.		8,500,727.		426,280.
12/31/22	GENIUSCARE, INC.						
	8,500,727.		6,686.		8,500,727.		6,686.
12/31/22	GRX ADMINISTRATORS, INC.						
	8,500,727.		384.		8,500,727.		384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO81-1593842

SCHEDULE A

COST OF GOODS SOLD OTHER COSTS

STATEMENT 7

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
PHARMACY PACKAGING	60,423.		60,423.		
PHARMACY SHIPPING & LOGISTICS	666,477.		666,477.		
PHARMACY SUPPLIES	19,032.		19,032.		
TELEMEDICINE COSTS	85,072.	85,072.			
TOTAL OTHER COSTS	831,004.	85,072.	745,932.		

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO81-1593842

TAXES

STATEMENT 8

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
LICENSES & PERMITS	42,706.	9,329.	32,609.	384.	384.
PAYROLL TAXES	320,167.	320,167.			
SALES TAX	249.		249.		
STATE TAXES	10,676.	5,648.	5,028.		
TOTAL TAXES	373,798.	335,144.	37,886.	384.	384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO81-1593842

OTHER DEDUCTIONS

STATEMENT 9

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
BANK SERVICE CHARGES	9,196.	8,410.	786.		
DUES & SUBSCRIPTIONS	13,063.	11,682.	1,381.		
EDUCATION & TRAINING	17,694.	17,694.			
INSURANCE	66,469.	66,469.			
LEGAL & PROFESSIONAL	704,822.	704,822.			
MEALS NOT SUBJECT TO LIMITATION	14,064.	14,064.			
MERCHANT FEES	133,607.		133,607.		
MISCELLANEOUS EXPENSE	68,860.	33,280.	35,580.		
OFFICE SUPPLIES	12,803.	12,183.	620.		
PAYROLL OUTSOURING FEE	173,065.	173,065.			
PHARMACY EXPENSE	20,132.		20,132.		
POSTAGE	3,929.	3,461.	468.		
RECRUITING	20,328.	20,328.			
SECURITY	2,702.	2,702.			
TECHNOLOGY	1,254,405.	1,077,954.	170,149.	6,302.	
TELEPHONE	13,911.	13,911.			
TRAVEL	1,668.	1,668.			
UTILITIES	7,090.	7,090.			
TOTAL OTHER DEDUCTIONS	2,537,808.	2,168,783.	362,723.	6,302.	

BEGINNING BALANCE SHEET

	CONSOLIDATED AMOUNTS	ADJUSTMENTS	ELIMINATIONS	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Assets								
Cash	1,160,458.			1,160,458.	139,208.	-42,282.	318.	1,063,214.
Trade notes and accounts receivable	529,872.			529,872.	78,273.	451,599.		
Less allowance for bad debts	65,000.			65,000.	65,000.			
Inventories	239,099.			239,099.		239,099.		
U.S. government obligations								
Tax-exempt securities								
Other current assets STATEMENT 10	201,834.		-12,023,605.	12,225,439.	196,548.	91,593.	1,280.	11,936,018.
Loans to stockholders								
Mortgage and real estate loans								
Other investments								
Buildings and other depreciable assets	1,983,818.			1,983,818.	1,091,384.	892,434.		
Less accumulated depreciation	1,401,589.			1,401,589.	763,329.	638,260.		
Depletable assets								
Less accumulated depletion								
Land (net of any amortization)								
Intangible assets (amortizable only)								
Less accumulated amortization								
Other assets STATEMENT 11	75,911.			75,911.	75,911.			
Total Assets	2,724,403.		-12,023,605.	14,748,008.	752,995.	994,183.	1,598.	12,999,232.
Liabilities and Stockholders' Equity								
Accounts payable	357,703.			357,703.	242,263.	115,440.		
Mortgages, notes, bonds payable in less than 1 year								
Other current liabilities STATEMENT 12	3,744,280.		-12,023,605.	15,767,885.	15,733,778.	5,337.	28,770.	
Loans from stockholders								
Mortgages, notes, bonds payable in 1 year or more	27,574,402.			27,574,402.	27,574,402.			
Other liabilities								
Capital stock: a Preferred stock								
b Common stock	71,056.			71,056.	71,056.			
Additional paid-in capital	16,825,360.			16,825,360.	3,825,360.			13,000,000.
Retained earnings - Appropriated								
Retained earnings - Unappropriated	-45,848,398.			-45,848,398.	-46,693,864.	873,406.	-27,172.	-768.
Adjustments to shareholders' equity								
Less cost of treasury stock								
Total Liabilities and Stockholders' Equity	2,724,403.		-12,023,605.	14,748,008.	752,995.	994,183.	1,598.	12,999,232.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

SCHEDULE L	OTHER CURRENT ASSETS					STATEMENT 10
	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529	
INTERCOMPANY RECEIVABLES	12,023,605.		87,587.		11,936,018.	
PREPAID EXPENSES	201,834.	196,548.	4,006.	1,280.		
•ELIMINATION	-12,023,605.					
TOTAL OTHER CURRENT ASSETS	201,834.	196,548.	91,593.	1,280.	11,936,018.	

SCHEDULE L	OTHER ASSETS					STATEMENT 11
	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529	
SECURITY DEPOSITS	75,911.	75,911.				
TOTAL OTHER ASSETS	75,911.	75,911.				

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

SCHEDULE L

CURRENT LIABILITIES

STATEMENT 12

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
ACCRUED EXPENSES	297,653.	295,202.	2,451.		
ACCRUED INTEREST	3,069,430.	3,069,430.			
ACCRUED PAYROLL	374,311.	374,311.			
INTERCOMPANY PAYABLE	12,023,605.	11,994,835.		28,770.	
LEASE INCENTIVE OBLIGATION	2,886.		2,886.		
•ELIMINATION	-12,023,605.				
TOTAL OTHER CURRENT LIABILITIES	3,744,280.	15,733,778.	5,337.	28,770.	

ENDING BALANCE SHEET AND SCHEDULE M-2

	CONSOLIDATED AMOUNTS	ADJUSTMENTS	ELIMINATIONS	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Assets								
Cash	119,925.			119,925.	33,403.	68,340.	93.	18,089.
Trade notes and accounts receivable	20,620.			20,620.		20,620.		
Less allowance for bad debts								
Inventories								
U.S. government obligations								
Tax-exempt securities								
Other current assets STATEMENT 13	47,698.		-19,021,801.	19,069,499.	44,350.	3,644,390.		15,380,759.
Loans to stockholders								
Mortgage and real estate loans								
Other investments								
Buildings and other depreciable assets	855,749.			855,749.	339,552.	516,197.		
Less accumulated depreciation	593,717.			593,717.	259,124.	334,593.		
Depletable assets								
Less accumulated depletion								
Land (net of any amortization)								
Intangible assets (amortizable only)								
Less accumulated amortization								
Other assets								
Total Assets	450,275.		-19,021,801.	19,472,076.	158,181.	3,914,954.	93.	15,398,848.
Liabilities and Stockholders' Equity								
Accounts payable	3,969,722.			3,969,722.	1,012,467.	2,957,255.		
Short term mortgages, notes, and bonds								
Other current liabilities STATEMENT 14	5,079,468.		-19,021,801.	24,101,269.	23,484,175.	583,143.	33,951.	
Loans from stockholders								
Long term mortgages, notes, and bonds	27,574,402.			27,574,402.	27,574,402.			
Other liabilities								
Capital stock: a Preferred stock								
b Common stock	71,056.			71,056.	71,056.			
Additional paid-in capital	19,225,395.			19,225,395.	3,825,395.			15,400,000.
Retained earnings - Appropriated								
Retained earnings - Unappropriated	-55,469,768.			-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.
Adjustments to shareholders' equity								
Less cost of treasury stock								
Total Liabilities and Stockholders' Equity	450,275.		-19,021,801.	19,472,076.	158,181.	3,914,954.	93.	15,398,848.
Schedule M-2								
Balance at beginning of year	-45,848,398.			-45,848,398.	-46,693,864.	873,406.	-27,172.	-768.
Net income per books	-9,621,370.			-9,621,370.	-9,115,450.	-498,850.	-6,686.	-384.
Other increases								
Total Increases	-55,469,768.			-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.
Distributions: Cash								
Stock								
Property								
Other decreases								
Total Decreases								
Balance at End of Year	-55,469,768.			-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

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SCHEDULE L	OTHER CURRENT ASSETS					STATEMENT 13
	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529	
INTERCOMPANY RECEIVABLES	19,021,801.		3,641,042.		15,380,759.	
PREPAID EXPENSES	47,698.	44,350.	3,348.			
•ELIMINATION	-19,021,801.					
TOTAL OTHER CURRENT ASSETS	47,698.	44,350.	3,644,390.		15,380,759.	

SCHEDULE L	CURRENT LIABILITIES					STATEMENT 14
	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529	
ACCRUED EXPENSES	841,222.	258,079.	583,143.			
ACCRUED INTEREST	4,141,677.	4,141,677.				
ACCRUED PAYROLL	85,849.	85,849.				
INTERCOMPANY PAYABLE	19,021,801.	18,987,850.		33,951.		
OTHER NOTE PAYABLE	10,720.	10,720.				
•ELIMINATION	-19,021,801.					
TOTAL OTHER CURRENT LIABILITIES	5,079,468.	23,484,175.	583,143.	33,951.		

SCHEDULE M-1

	CONSOLIDATED AMOUNTS	ADJUSTMENTS	ELIMINATIONS	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Schedule M-1								
Net income per books	-9,621,370.			-9,621,370.	-9,115,450.	-498,850.	-6,686.	-384.
Federal income tax								
Excess of capital losses over capital gains								
Income subject to tax not recorded on books this year (itemize): SEE STATEMENT 15	30,178.			30,178.	26,216.	3,962.		
Expenses recorded on books this year not deducted in this return (itemize):								
Depreciation	154,877.			154,877.	86,269.	68,608.		
Contribution carryover								
Travel and entertainment								
Other SEE STATEMENT 16	1,072,247.			1,072,247.	1,072,247.			
Total Increases	-8,364,068.			-8,364,068.	-7,930,718.	-426,280.	-6,686.	-384.
Income recorded on books this year not included in this return (itemize):								
Tax-exempt interest								
Other								
Deductions in this tax return not charged against book income this year (itemize):								
Depreciation								
Contribution carryover								
Other SEE STATEMENT 17	136,659.			136,659.	136,659.			
Total Decreases	136,659.			136,659.	136,659.			
Taxable Income	-8,500,727.			-8,500,727.	-8,067,377.	-426,280.	-6,686.	-384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

SCHEDULE M-1

INCOME NOT RECORDED ON BOOKS

STATEMENT 15

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
GAIN (LOSS) ON SALE OF ASSETS NOT ON BOOKS	30,178.	26,216.	3,962.		
TOTAL INCOME NOT RECORDED ON BOOKS	30,178.	26,216.	3,962.		

SCHEDULE M-1

EXPENSES NOT DEDUCTED IN RETURN

STATEMENT 16

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
RELATED PARTY INTEREST	1,072,247.	1,072,247.			
TOTAL EXPENSES NOT IN RETURN	1,072,247.	1,072,247.			

SCHEDULE M-1

DEDUCTIONS NOT ON BOOKS

STATEMENT 17

	CONSOLIDATED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
ACCRUED VACATION	71,659.	71,659.			
BAD DEBTS	65,000.	65,000.			
RELATED PARTY INTEREST					
TOTAL DEDUCTIONS NOT ON BOOKS	136,659.	136,659.			

TAXABLE YEAR
2022**California Corporation
Franchise or Income Tax Return**FORM
100

4059870 MILL 81-1593842 000000000000 22
 TYB 01-01-2022 TYE 12-31-2022
 MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC & SUBSIDIARIES

622 BANYAN TRAIL STE 614
 BOCA RATON FL 33431

Schedule Q Questions (continued on Side 2)

- A FINAL RETURN?** • ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election
 Enter date (mm/dd/yyyy) • _____
- B 1.** Is income included in a combined report of a unitary group? • ☒ Yes ☐ No
 If "Yes," indicate: ☐ Wholly within CA (R&TC 25101.15)
☒ Within and outside of CA
- 2.** Is there a change in the members listed in Schedule R-7 from the prior year? • ☐ Yes ☒ No
- 3.** Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • 2.
- 4.** Is form FTB 3544 attached to the return? • ☐ Yes ☒ No
- C 1.** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 2.** During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • ☐ Yes ☒ No
- 3.** During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • ☐ Yes ☒ No

(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	-8,493,695	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2		00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3		00
	4 Interest on government obligations CALIFORNIA METHOD RETURN	• 4		00
	5 Net California capital gain from Side 6, Schedule D, line 11 SEE SCHEDULE F	• 5		00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6		00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7		00
	8 Other additions. Attach schedule(s)	• 8		00
	9 Total. Add line 1 through line 8	• 9	-8,493,695	00

State Adjustments (con't)	10	Intercompany dividend elimination. Attach Schedule H (100)	•	10		00	
	11	Dividends received deduction. Attach Schedule H (100)	•	11		00	
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	•	12		00	
	13	Capital gain from federal Form 1120, line 8	•	13		00	
	14	Charitable Contributions	•	14		00	
	15	Other deductions. Attach schedule(s)	•	15		00	
	16	Total. Add line 10 through line 15	•	16			00
CA Net Income	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	•	17	-8,493,695	00	
	18	Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	•	18	-433,017	00	
	19	Net operating loss (NOL) deduction. See instructions	•	19		00	
	20	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	•	20		00	
	21	Disaster loss deduction. See instructions	•	21		00	
22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	•	22	-433,017	00		
Taxes	23	Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	•	23	1,600	00	
	24	Credit name _____ code • _____ amount ▶	•	24		00	
	25	Credit name _____ code • _____ amount ▶	•	25		00	
	26	To claim more than two credits, see instructions	•	26		00	
	27	Add line 24 through line 26	•	27		00	
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	•	28	1,600	00	
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	•	29		00	
30	Total tax. Add line 28 and line 29	•	30	1,600	00		
Payments	31	Overpayment from prior year allowed as a credit	•	31		00	
	32	2022 Estimated tax payments. See instructions	•	32		00	
	33	2022 Withholding (Form 592-B and/or 593). See instructions	•	33		00	
	34	Amount paid with extension of time to file tax return	•	34	3,200	00	
	35	Total payments. Add line 31 through line 34	•	35	3,200	00	
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	•	36		00	
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	•	37	3,200	00	
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	•	38		00	
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	•	39		00	
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	•	40	1,600	00	
	41	Amount of line 40 to be credited to 2023 estimated tax	•	41	1,600	00	
	42	Refund. Subtract line 41 from line 40 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	•	42	0	00	
	42a.	• Routing number	42b.	• Type	42c.	• Account number	
	43 a	Penalties and interest	•	43a		00	
	b	• <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.					
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	•	44		00		

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • ☒ Yes ☐ No
- F Principal business activity code. (Do not leave blank): • 541990
 Business activity HEALTHCARE
 Product or service HEALTHCARE

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 12/15/2015 Where: • State FL Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 01/01/2017

I First return? • ☐ Yes ☒ No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• (1) ☐ Sole proprietorship (2) ☐ Partnership (3) ☐ Joint venture (4) ☐ Corporation (5) ☐ Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: • _____

K At any time during the taxable year, was more than 50% of the voting stock:

1. Of the corporation owned by any single interest? • ☐ Yes ☒ No

2. Of another corporation owned by this corporation? • ☐ Yes ☒ No

3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? • ☐ Yes ☒ No

If 1 or 3 is "Yes," enter the country of the ultimate parent • _____

If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.

If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • ☐ Yes ☒ No

If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • ☒ Yes ☐ No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) ☐ Within California (2) ☒ Outside of California, within the U.S. (3) ☐ Outside of the U.S.

P Location of principal accounting records: 622 BANYAN TRAIL, STE 614, BOCA RATON, FL 33431

Q Accounting method: • (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • ☐ Yes ☒ No

If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • ☐ Yes ☒ No

T Is this corporation treated as a REMIC for California purposes? • ☐ Yes ☒ No

U 1. Is this corporation a REIT for California purposes? • ☐ Yes ☒ No

2. If question U1 is "Yes," does the entity own any qualified REIT subsidiaries that are incorporated or qualified with the California Secretary of State? If yes, see instructions • ☐ Yes ☒ No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • ☐ Yes ☒ No

If "Yes," enter the effective date of the election (mm/dd/yyyy) • _____

W Is this corporation to be treated as a credit union? • ☐ Yes ☒ No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • ☐ Yes ☒ No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No



Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? • ☐ Yes ☒ No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • ☐ Yes ☒ No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • ☐ Yes ☒ No

CC 1. Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? • ☐ Yes ☒ No

2. If "Yes," when was the last report filed? (mm/dd/yyyy) • _____ 3. Amount last remitted ■ \$ _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Title VP OF FINA	Date	• Telephone 800-811-2541
Officer's email address (optional) DWIGHT.FUJIMOTO@GENIUSRX.COM				
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01422491
	Firm's name (or yours, if self-employed) and address MARCUM LLP ONE SOUTHEAST THIRD AVE, SUITE 1100 MIAMI, FL 33131			• Firm's FEIN 11-1986323
				• Telephone (305) 995-9600
	May the FTB discuss this return with the preparer shown above? See instructions • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Schedule A

Taxes Deducted. Use additional sheet(s) if necessary.

SEE COMBINED INCOME AND DEDUCTIONS

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
			00
			00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		373,798	00

Schedule F

Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales	9,370,728			
	b) Less returns and allowance		c) Balance	1c	9,370,728 00
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)		2	9,483,983 00	
	3 Gross profit. Subtract line 2 from line 1c		3	-113,255 00	
	4 Total dividends. Attach federal Schedule C (California Schedule H (100))		4	00	
	5 a) Interest on obligations of the United States and U.S. instrumentalities		5a	00	
	b) Other interest. Attach schedule	SEE ADJUSTED COMBINED INCOME AND DEDUCTIONS	5b	00	
	6 Gross rents		6	00	
	7 Gross royalties		7	00	
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)		8	00	
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)		9	-107,755 00	
10 Other income (loss). Attach schedule		10	00		
11 Total income. Add line 3 through line 10		11	-221,010 00		
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule	12		00	
	13 Salaries and wages (not deducted elsewhere)	13	4,330,515	00	
	14 Repairs and maintenance	14	55,808	00	
	15 Bad debts	15	78,698	00	
	16 Rents	16	306,479	00	
	17 Taxes (California Schedule A). See instructions	17	373,798	00	
	18 Interest. Attach schedule	18	31,305	00	
	19 Charitable Contributions. Attach schedule	19		00	
	20 Depreciation. Attach fed Form 4562 & FTB 3885	20	30,057	00	
	21 Less depreciation claimed elsewhere on return	21a		00	
		21b	30,057	00	
	22 Depletion. Attach schedule	22		00	
	23 Advertising	23	256,923	00	
	24 Pension, profit-sharing plans, etc.	24		00	
	25 Employee benefit plans	25	278,326	00	
	26 a) Total travel and entertainment		15,732		
	b) Deductible amounts	26b	8,700	00	
	27 Other deductions. Attach schedule	27	2,522,076	00	
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr	28		00	
29 Total deductions. Add line 12 through line 28	29	8,272,685	00		
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1	30	-8,493,695	00		

Schedule J

Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$	1		00
2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	2		00
3 Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	3a		00
b Method for nondealer installment obligations	3b		00
4 IRC Section 197(f)(9)(B)(ii) election	4		00
5 Credit recapture name:	5		00
6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	6		00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	1	239,099	00
2	Purchases	2	8,413,880	00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b	831,004	00
5	Total. Add line 1 through line 4b	5	9,483,983	00
6	Inventory at end of year	6		00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2	7	9,483,983	00

Method of inventory valuation **LOWER OF COST OR MARKET**Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. ☐ Yes ☒ No

Enter California seller's permit number, if any

Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? ☐ Yes ☒ No**The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.****Schedule L Balance Sheet**

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		1,160,458		119,925
2 a Trade notes and accounts receivable	529,872		20,620	
b Less allowance for bad debts	(65,000)	464,872	()	20,620
3 Inventories		239,099		
4 Federal and state government obligations	SEE STMT		SEE STMT	
5 Other current assets. Attach sch(s)	ADJUSTED	505,614	ADJUSTED	19,069,499
6 Loans to stockholders/officers. Att sch	COMBINED		COMBINED	
7 Mortgage and real estate loans	BEGINNING		ENDING	
8 Other investments. Attach sch(s)	BAL. SHEET		BAL. SHEET	
9 a Buildings and other fixed depreciable assets	1,983,818		855,749	
b Less accumulated depreciation	(1,401,589)	582,229	(593,717)	262,032
10 a Depletable assets				
b Less accumulated depletion	()	()		
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	()	()	()	
13 Other assets. Attach sch(s)		75,911		
14 Total assets		3,028,183		19,472,076
Liabilities and Stockholders' Equity				
15 Accounts payable		357,703		3,969,722
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Att. sch(s)		4,048,060		24,101,269
18 Loans from stockholders. Att. sch(s)				
19 Mortgages, notes, bonds payable in 1 year or more		27,574,402		27,574,402
20 Other liabilities. Attach sch(s)				
21 Capital stock: a Preferred stock				
b Common stock	71,056	71,056	71,056	71,056
22 Paid-in or capital surplus. Attach reconciliation		16,825,360		19,225,395
23 Retained earnings - Appropriated. Att. sch.				
24 Retained earnings - Unappropriated		-45,848,398		-55,469,768
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock		()		()
27 Total liabilities and stockholders' equity		3,028,183		19,472,076

Schedule M-1

Reconciliation of Income (Loss) per Books With Income (Loss) per Return.
If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

1 Net income per books	-9,621,370	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		a Tax-exempt interest	\$
3 Excess of capital losses over capital gains		b Other	\$
4 Taxable income not recorded on books this year (itemize)	30,178	c Total. Add line 7a and line 7b	
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
a Depreciation	\$ 154,877	a Depreciation	\$
b State taxes	\$	b State tax refunds	\$
c Travel and entertainment	\$ 7,032	c Other	\$ 136,659
d Other	\$ 1,072,247	d Total. Add line 8a through line 8c	136,659
e Total. Add line 5a through line 5d	1,234,156	9 Total. Add line 7c and line 8d	136,659
6 Total. Add line 1 through line 5e	-8,357,036	10 Net income per return. Subtract line 9 from line 6	-8,493,695

Schedule M-2

Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

1 Balance at beginning of year	-45,848,398	5 Distributions: a Cash	
2 Net income per books	-9,621,370	b Stock	
3 Other increases (itemize)		c Property	
4 Total. Add line 1 through line 3	-55,469,768	6 Other decreases (itemize)	
		7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4	-55,469,768

Schedule D

California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				2	00
3 Unused capital loss carryover from 2021				3	00
4 Net short-term capital gain (loss). Combine line 1 through line 3				4	00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions				6	00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37				7	00
8 Net long-term capital gain (loss). Combine line 5 through line 7				8	00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)				9	00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)				10	00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2023				11	00

TAXABLE YEAR

2022**Sales of Business Property**

(Also Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

239241 12-06-22
CALIFORNIA SCHEDULE**D-1****Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on tax return

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

SSN, ITIN, CA SOS file no., California Corp. no., or FEIN

81-1593842**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year.** Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on federal Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, or federal Form 1099-S, Proceeds from Real Estate Transactions (or a substitute statement), that you are including on line 2 or line 10, column (d), or line 23	<input type="radio"/>	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instructions	<input type="radio"/>	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instructions	<input type="radio"/>	1c

2	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 Gain, if any, from federal Form 4684, line 39	<input type="radio"/>	3
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37	<input type="radio"/>	4
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	<input type="radio"/>	5
6 Gain, if any, from line 35, from other than casualty and theft	<input type="radio"/>	6
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:	<input type="radio"/>	7

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. **Partnerships or LLCs (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Forms 540 and 540NR filers,** enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions	<input type="radio"/>	8
9 Subtract line 8 from line 7. If zero or less, enter -0-	<input type="radio"/>	9 0

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Forms 540 and 540NR filers,** enter as a capital gain on Schedule D (540 or 540NR), line 1; **Forms 100 and 100W filers,** enter the gain on Form 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

Part II Section A - Ordinary Gains and Losses**10** Ordinary gains and losses not included on line 11 through line 16 (include property held 1 year or less):

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	STATEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1			1021708	1,129,463	-107,755

11 Loss, if any, from line 7	<input type="radio"/>	11
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions	<input type="radio"/>	12
13 Gain, if any, from line 34	<input type="radio"/>	13
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)	<input type="radio"/>	14
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions	<input type="radio"/>	15
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	<input type="radio"/>	16
17 Combine line 10 through line 16	<input type="radio"/>	17 -107,755

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.

- a** If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions
- b** Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20

<input type="radio"/>	18a
<input type="radio"/>	18b

Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 540NR) only.

19	Enter ordinary federal gain or (loss) from federal Schedule 1 (Form 1040), line 4	<input type="radio"/>	19	
20	Enter ordinary California gain or (loss) from line 18b	<input type="radio"/>	20	
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.			
a	If line 19 is more than line 20, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. B	<input type="radio"/>	21a	
b	If line 20 is more than line 19, enter the difference here and on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 4, col. C	<input type="radio"/>	21b	

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

Description of IRC Sections 1245, 1250, 1252, 1254, and 1255 property.	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)		
22 A <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
C <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D <input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Relate the properties on lines 22A through 22D to these columns	Property A	Property B	Property C	Property D
23 Gross sales price	23 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Cost or other basis plus expense of sale	24 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Depreciation (or depletion) allowed or allowable	25 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Adjusted basis. Subtract line 25 from line 24	26 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total gain. Subtract line 26 from line 23	27 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 If IRC Section 1245 property:				
a Depreciation allowed or allowable from line 25	28a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 28a	28b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:				
a Additional depreciation after 12/31/76	29a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by the smaller of line 27 or line 29a	29b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Additional depreciation after 12/31/70 and before 1/1/77	29d <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Enter the smaller of line 29c or line 29d	29e <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f IRC Section 291 amount (for corporations only)	29f <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Add line 29b, line 29e, and line 29f	29g <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 If IRC Section 1252 property: Skip section if you did not dispose of farm land or if form is being completed for a partnership.				
a Soil, water, and land clearing expenses	30a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Applicable percentage multiplied by line 30a	30b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Enter the smaller of line 27 or line 30b	30c <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 If IRC Section 1254 property:				
a Intangible drilling and development costs deducted after 12/31/76	31a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 31a	31b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 If IRC Section 1255 property:				
a Applicable percentage of payments excluded from income under IRC Section 126	32a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Enter the smaller of line 27 or line 32a	32b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	<input type="radio"/>	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and on line 13	<input type="radio"/>	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on line 6. Enter the portion from casualty and theft on federal Form 4684, line 33	<input type="radio"/>	35	

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	<input type="radio"/>
37	Depreciation or recovery deductions. See instructions	<input type="radio"/>
38	Recapture amount. Subtract line 37 from line 36. See instructions	<input type="radio"/>

TAXABLE YEAR

CALIFORNIA SCHEDULE

2022**Apportionment and Allocation of Income****R**

Attach this schedule behind the California tax return and prior to the supporting schedules.

For calendar year 2022 or fiscal year beginning month (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES****4059870****Water's-Edge Filers Only:** If controlled foreign corporations are included in the combined report, attach form FTB 2416.**Complete Schedule R (Side 1 and Side 2) and all applicable Schedules (R-1 through R-7). See General Information for Schedule R.**

1 a Net income (loss) after state adjustments from Form 100 or Form 100W, Side 2, line 17; Form 100S, Side 2, line 14; Form 100X, line 4. Form 565 and Form 568 filers: Enter the total of line 1 through line 11c from Schedule K (565 or 568) less the total of line 12 through line 13e from Schedule K (565 or 568)	1a	- 8,493,695	00
b Water's-edge foreign investment interest offset from form FTB 2424, line 17	1b		00
c Total. Combine line 1a and line 1b	1c	- 8,493,695	00
Nonbusiness Income (Loss) from All Sources. See General Information A for definitions and examples.			
2 Dividends included on line 1a and not deducted on Form 100, Side 2, line 11; Form 100W, Side 2, lines 11a/b; or Form 100S, Side 2, lines 9 and 10	2		00
3 Interest. Attach schedule	3		00
4 Net income (loss) from the rental of property from Schedule R-3, line 3, column (c)	4		00
5 Royalties. Attach schedule	5		00
6 Gain (loss) from the sale of assets from Schedule R-4, line 2, column (e)	6		00
7 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach sch	7		00
8 Miscellaneous nonbusiness income (loss). Attach schedule	8		00
9 Total nonbusiness income (loss). Combine line 2 through line 8	9		00
Business Income (Loss) before Apportionment (subject to a separate apportionment formula)			
10 Nonunitary partnership or LLC business income (loss)	10		00
11 Income (loss) from a separate trade or business. Attach supplemental Schedule R	11		00
12 Business income (loss) deferred from prior years. See General Information L	12		00
13 Capital gain (loss) netting subject to separate apportionment. See Gen Information M	13		00
14 Total separately apportionable business income (loss). Combine line 10 through line 13	14		00
15 Tot business inc (loss) subject to apportionment for this trade or business, subtract the sum of ln 9 and ln 14 from ln 1c	15	- 8,493,695	00
16 Interest offset from Schedule R-5, line 7 or line 16 (California domiciliaries only)	16		00
17 Business income (loss) for this trade or business subject to apportionment. Combine line 15 and line 16	17	- 8,493,695	00
18 a Apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	18a	5.0981	%
b Business income (loss) apportioned to California. Multiply line 17 by line 18a	18b	- 433,017	00
Nonbusiness Income (Loss) Allocable to California. If no income (loss) is allocable to California, do not complete line 19 through line 26, enter -0- on line 27 and go to Side 2, line 28.			
19 Dividends and interest income (if taxpayer's commercial domicile is in California):			
a Dividends included in line 2 above	19a		00
b Interest included in line 3 above	19b		00
20 Net income (loss) from the rental of property within California from Schedule R-3, line 3, column (b)	20		00
21 Royalties. Attach schedule	21		00
22 Gain (loss) from the sale of assets within California from Schedule R-4, line 2, total of column (b) and column (d). Combined reporting groups, see General Information M	22		00
23 Gain (loss) from sale of a nonbusiness interest in a partnership or LLC. Attach schedule	23		00
24 Miscellaneous nonbusiness income (loss). Attach schedule	24		00
25 Total nonbusiness income (loss) allocable to California. Combine line 19a through line 24	25		00
26 Interest offset from line 16 allocated to income included on line 19a and line 19b (California domiciliary only). See General Information J	26		00
27 Net nonbusiness income (loss) allocable to California. Subtract line 26 from line 25	27		00

Name as shown on your California tax return

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

4059870**California Business Income (Loss)** subject to a separate apportionment formula.

28 California business income (loss) from a nonunitary partnership or LLC	28		00	
29 California income (loss) from a separate trade or business. Attach supplemental schedule R.	29		00	
30 California business income (loss) deferred from prior yrs. See General Information L	30		00	
31 Total business income (loss) separately apportioned to California. Combine line 28 through line 30	31			00
Net Income (Loss) for California Purpose				
32 Post-apportioned and allocated amounts from capital gain (loss) netting. See General Information M	32			00
33 Net income (loss) for California purposes before contributions adjustment. Combine lines 18b, 27, 31, and 32	33		- 433,017	00
34 Contributions adjustment from Schedule R-6, line 15	34			00
35 Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on Form 100 or Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15	35		- 433,017	00

**Complete the applicable
Schedules R-1 through R-7,
starting on Side 3.**

SEE COMBINED APPORTIONMENT SCHEDULE

Name as shown on your California tax return

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

4059870**Schedule R-1 Apportionment Formula.****Part A Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

See General Information G and Specific Instructions.	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Sales: Gross receipts, less returns, and allowances	9,370,728		
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California		477,730	
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable		•	
c Total other gross receipts	•		
(i) Sales from services		•	
(ii) Sales or other income from intangibles		•	
(iii) Sales from rental, leasing or licensing of tangible or real property ...		•	
(iv) Sales from other gross receipts		•	
d Sales from partnerships or LLCs treated as partnerships	•	•	
Total sales	• 9,370,728	• 477,730	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• 5.0981 %

Part B Three-Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress.			
Inventory			
Buildings			
Machinery and equipment (including delivery equipment)			
Furniture and fixtures			
Land			
Other tangible assets. Attach schedule			
Rented property used in the business. See General Information E			
Total property	•	•	• %
2 Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.			
Total payroll	•	•	• %
3 Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions			
a Sales delivered or shipped to California purchasers.			
(i) Shipped from outside California			
(ii) Shipped from within California			
b Sales shipped from California to:			
(i) The United States Government			
(ii) Purchasers in a state where the taxpayer is not taxable			
c Total other gross receipts	•	•	
Total sales	•	•	• %
4 Total percent. Add the percentages in col (c)			%
5 Apportionment percentage. Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• %

Name as shown on your California tax return

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

4059870**Schedule R-2 Sales and General Questionnaire.** Attach additional sheets if necessary.

- 1 Describe briefly the nature and location(s) of the California business activities. **SALE & SHIPMENT OF TANGIBLE PROPERTY**
- 2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest. **N/A**
- 3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California where the purchaser is the U.S. Government? ☒ Yes ☐ No If "No," explain.
- 4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to states in which the taxpayer is not subject to tax? See General Information G and Specific Instructions. ☒ Yes ☐ No If "No," explain.
- 5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)? ☐ Yes ☒ No
If "Yes," provide a brief description.
- b Did the taxpayer change reasonable approximation method to assign sales from the last tax return filed? See Specific Instructions ☐ Yes ☒ No
If "Yes," provide a brief description of the new method.
- 6 Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-1 treated consistently on all state tax returns filed by the taxpayer? ☒ Yes ☐ No If "No," explain.
- 7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prior year tax returns? See General Information I. ☐ Yes ☒ No If "Yes," explain.
- 8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations? ☒ Yes ☐ No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.
- 9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outside California which have an ultimate destination in California? ☒ Yes ☐ No If "No," explain.

Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property

	(a) Total outside California	(b) Total within California	(c) Total outside and within California (a) + (b)
1 Income from rents			
2 Rental deductions			
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20		●	●

Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Description of property sold	Real estate and other tangible assets		Intangible assets		Total (e) Gain (loss) (a) + (b) + (c) + (d)
	(a) Gain (loss) from outside California	(b) Gain (loss) from within California	(c) Gain (loss) from outside California	(d) Gain (loss) from within California	
1	●	●	●	●	●
	●	●	●	●	●
	●	●	●	●	●
2 Total gain (loss)	●	●	●	●	●

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

Name as shown on your California tax return

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

4059870**Schedule R-5 Computation of Interest Offset.** Complete only if there are entries on line 2 and/or line 3 of Schedule R and if Schedule R-1 is required. See General Information J. **(California domiciliary only)**

1 Total interest expense deducted	1		
2 Water's-edge foreign investment interest offset from Side 1, line 1b	2		
3 Balance. Subtract line 2 from line 1	3		
4 Total interest income (Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a and line 5b; or Form 100S, Side 1, line 3 and interest income included on Schedule F, line 5 or Schedule K, line 4)	4		
5 Nonbusiness interest income from Side 1, line 3	5		
6 Business interest income. Subtract line 5 from line 4	6		
7 Excess interest expense over business interest income. Subtract line 6 from line 3. If line 6 exceeds line 3, enter -0- here and on Side 1, line 16, and do not complete the rest of this schedule <input checked="" type="radio"/>	7		
8 Total dividend income	8		
9 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10	9		
10 Net dividend income. Subtract line 9 from line 8	10		
11 Business dividend income	11		
12 Deducted dividends from Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines 10 and 11a/b; or Form 100S, Side 2, lines 9 and 10, attributable to business dividend income	12		
13 Net business dividend income. Subtract line 12 from line 11	13		
14 Net nonbusiness dividend income. Subtract line 13 from line 10	14		
15 Total nonbusiness interest and dividend income. Add line 5 and line 14	15		
16 Enter the lesser of line 7 or line 15. Enter here and on Side 1, line 16 <input checked="" type="radio"/>	16		

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26.

See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.**Schedule R-6 Contributions Adjustment.** See General Information N.

1 Total contributions paid (current year and carryover amount)	1	4,080
2 Net income (loss) after state adjustments from Side 1, line 1c	2	-8,493,695
3 Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11; Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	3	
4 Contributions deducted on Form 100, Form 100W, or Form 100S	4	
5 Total. Add line 2 through line 4. If zero or less, enter -0-	5	0
6 Multiply line 5 by 10% (.10)	6	
7 Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	7	-433,017
8 Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	8	
9 Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	9	
10 Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1, Part A, line 2 or Part B, line 5	10	
11 Total. Add line 7 through line 10. If zero or less, enter -0-	11	0
12 Multiply line 11 by 10% (.10)	12	
Contributions Adjustment		
13 Enter the amount shown on line 10	13	
14 Amount of contributions allowable:		
a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12	14a	
b If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	14b	
15 Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34. If the result is a negative amount, enter in brackets <input checked="" type="radio"/>	15	

TAXABLE YEAR

2022

Election to File a Unitary Taxpayers' Group Return

CALIFORNIA SCHEDULE

R-7

Fill out the Schedule R-7 Election completely to make a valid election.

Name of corporation filing the single group return (key corporation *)

California corporation number

MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES

4059870

This election is an integral part of the return of all taxpayers participating in the election, and must be filed annually with Schedule R. Signing the California tax return is an acknowledgement that the key corporation and its electing affiliates agree to comply with the terms and conditions contained in this Schedule R-7 Election. (See Side 7 for the terms of this election).

Part I Taxpayers Electing to File, or No Longer Included in the Single Group Return. See instructions below before completing the tables.

* The key corporation must be taxable in California and, where applicable, be the parent corporation. If the parent corporation is not a California taxpayer, the key corporation should be the California taxpayer with the largest property factor numerator in California. For a complete definition of a key corporation, see Side 7 Terms and Conditions.

In order for a group return to satisfy the individual subsidiary's filing requirements, the Schedule R-7 must include all of the information requested in Part I, Section A, (see Cal. Code Regs., tit. 18 section 25106.5-11). If the information in Part I, Section A, is not filled out completely, the electing member(s) Schedule R-7 election may be disallowed. If an electing member(s) Schedule R-7 election is disallowed, they must file a separate California return.

Check box A if the electing member is incorporated, organized, qualified, or registered to do business in California.

Check box B if the electing member has any property, payroll, sales in California, or derives income from sources within California, but is not doing business in California.

Check box C if the corporation is a new electing member for this current group.

Enter the California corporation number if one was assigned by the California Secretary of State (SOS) or the Franchise Tax Board (FTB).

Note: Schedule R-7, Part I, Section A, **should only** contain information of corporations that are required to file a return in California, and who are subject to California income or franchise tax. If a corporation does not have a California return filing requirement, the entity should not be listed in this Part I, Section A. The entity should be listed in Part II, Other Affiliated Corporations. The first corporation listed should be the "key corporation." The "key corporation" information entered in Schedule R-7, Part I, Section A, must match the information of the corporation entered on Form 100 or Form 100W, Side 1.

Total the number of members (including parent/key corporation) listed below, and enter the result on **Form 100 or 100W**, Side 1, Schedule Q, Question B3.

Section A - List of Taxpayers Making Election to File a Single Group Tax Return. Attach additional sheets using the same format, if necessary.

Electing taxpayer corporation (Enter the legal name that is filed with the California SOS. Do not use abbreviations unless the abbreviation is part of the legal name.)	A	B	C	California corporation number (if one is assigned)	FEIN	Total self-assessed tax
(California key corporation name*)						
MILLENNIAL BENEFIT MANAGERS, INC.	X			4059870	81-1593842	800
MAILMYPRESCRIPTIONS.COM	X			4059871	81-2833962	800
GENIUSCARE, INC.					85-0745255	0
GRX ADMINISTRATORS, INC.					85-2140529	0
Total group self-assessed tax						1,600

Name of corporation filing the single group return (key corporation*)

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

California corporation number

4059870**Part I Taxpayers Electing to File, or No Longer Included in the Single Group Return. See instructions below before completing the tables. (continued)**

Use Part I, Section B, to list each taxpayer that is no longer included in the single group tax return from prior year Part I, Section A. Include each taxpayer's legal name, California corporation number or federal employer identification number (FEIN), and effective date in the space provided. The effective date is the date that the entity is removed from the single group tax return.

Section B - List of Taxpayers No Longer Included in the Single Group Tax Return After the Last Filing. Attach additional sheets using the same format, if necessary.

Taxpayer's name (Enter the legal name that is filed with the California SOS)	California corporation number (if one is assigned)	FEIN	Effective date (mm/dd/yyyy)

Part II Other Affiliated Corporations. List each affiliated corporation **not** listed in Part I, Section A. A corporation is an affiliated corporation for this purpose if it is a member of the same commonly controlled group (see R&TC Section 25105(b) and FTB Pub. 1061, Guidelines for Corporations Filing a Combined Report, for more information). All affiliated corporations should be listed whether or not they are California taxpayers or are unitary with the key corporation. Include the California corporation number for each taxpayer. If the California corporation number is not available, then include the FEIN.

List of Affiliates Not Included in Part I, Section A. Attach additional sheets using the same format, if necessary.

Affiliate corporation's name	California corporation number (if applicable) or FEIN	Is this corporation unitary with the electing group?		Does this corporation file a California tax return on a different fiscal year than the electing group?		Was this corporation acquired or disposed of during the year?		
		Yes	No	Yes	No	Acq.	Dis.	Date (mm/dd/yyyy)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Schedule R-7 - Terms and Conditions.

This election is an integral part of the return of all taxpayers participating in the election, and must be filed annually with Schedule R. Signing the California tax return is an acknowledgement that the key corporation and its electing affiliates agree to comply with the following terms and conditions:

Each of the taxpayers listed in Schedule R-7, Part I, Section A, hereby elect to file a single unitary taxpayers' group return. The unitary taxpayers' group return constitutes the return for each member of the electing group and satisfies the requirement of each electing member to file its own return.

Each corporation that elects to participate in a group return agrees to be bound by the terms and conditions specified in this schedule and instructions under General Information P, Group Return Election. The filing of its group return indicates acceptance of all terms and conditions. To be eligible, each corporation must meet all of the following:

- 1) Be a taxpayer required to file a return in California.
- 2) Be a member of a combined report for its entire taxable year.
- 3) Have the same taxable year as the key corporation or have a taxable year that is wholly included within the taxable year of the key corporation.
- 4) Have the same statutory filing date as the key corporation for the taxable year.

The **key corporation** must file the unitary taxpayers' group return. With the initial return and thereafter, any payment of taxes for the taxable year shall be made using the key corporation's California corporate number as designated in Part I, Section A.

The key corporation must be taxable in California and, where applicable, be the parent corporation. If the parent corporation is not a California taxpayer, the key corporation should be the California taxpayer with the largest property factor numerator in California. For the election to be valid, the key corporation's powers, rights, and privileges must not be suspended or forfeited. The key corporation agrees to act as surety and agent (including filing a single power of attorney for the group, when applicable) for each member of the group. In addition, all electing members agree that subsequent adjustments to the liability of the members of the group may be assessed, billed, or paid to the key corporation on behalf of its members, either in the name of the key corporation or the name of the members. Adjustments to the liability of the members of the group will ordinarily be reflected in a single notice. However, supplemental schedules reflecting the adjusted liability of each member will be provided upon request.

A California waiver of a statute of limitation (SOL) by the key corporation will waive the SOL for all electing member corporations. If the key corporation does not fulfill its obligation to pay tax or act on behalf of its members, each member may be independently assessed or billed for its own tax liability. If that becomes necessary, each member

will generally be credited with taxes previously paid in accordance with the member's self-assessed tax liability (see FTB Legal Ruling 95-2).

It is the responsibility of the members of the group to assure that amounts paid by one member on behalf of another are properly accounted for between the members. For electing members subject to the franchise tax, the liability for each electing corporation cannot be less than the minimum tax.

The election is binding on all members for all matters for the taxable year of the election. If some or all of the corporations included in the election to file a unitary taxpayers' group return are later determined not to be members of the unitary group of the key corporation, the key corporation and electing members agree that any subsequent adjustment for any and all members included in the original group return may still be assessed, billed, or paid by the key corporation.

The election remains in effect for the payment of estimated tax and tax paid with an extension of time to file for the following year by the key corporation on behalf of the group, unless a written notice of termination of the election is provided to the FTB on or before the time of payment.

See General Information P, Group Return Election, for more information.

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION**

California corporation number

4059870During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

81-1593842

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 **0** **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 **00**3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 **00**4 a Enter the amount of the loss incurred by a new business included in line 3 4a **00**b Enter the amount of the loss incurred by an eligible small business included in line 3 4b **00**c Add line 4a and line 4b 4c **00**5 General NOL. Subtract line 4c from line 3 5 **00**6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 **00****Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

0**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2020		GEN	9,710,139	<input checked="" type="radio"/> 9,710,139	0	0	<input checked="" type="radio"/> 9,710,139
<input checked="" type="radio"/> 2021		GEN	14,606,561	<input checked="" type="radio"/> 14,606,561	0	0	<input checked="" type="radio"/> 14,606,561
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3	2022		DIS					
4	2022							
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 **00**2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 **00**3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 **00**

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

**MAILMYPRESCRIPTIONSCOM
PHARMACY CORPORATION**

California corporation number

4059871During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

81-2833962

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 **433,017** 00

2 2022 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 **433,017** 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 **433,017** 006 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 **433,017** 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

0

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

		(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3 2022		DIS					
4 2022		GEN	433,017				433,017
2022							
2022							
2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 002 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 003 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

GENIUSCARE INCDuring the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

85-0745255

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.****Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0 **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 00 **00**3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 00 **00**4 a Enter the amount of the loss incurred by a new business included in line 3 **4a** 00 **00**b Enter the amount of the loss incurred by an eligible small business included in line 3 **4b** 00 **00**c Add line 4a and line 4b **4c** 00 **00**5 General NOL. Subtract line 4c from line 3 5 00 **00**6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 00 **00****Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

0**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2020		GEN	12,933	<input checked="" type="radio"/> 12,933	0	0	<input checked="" type="radio"/> 12,933
<input checked="" type="radio"/> 2021		GEN	14,239	<input checked="" type="radio"/> 14,239	0	0	<input checked="" type="radio"/> 14,239
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3 2022		DIS					
4 2022							
2022							
2022							
2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 00 **00**2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00 **00**3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00 **00**

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

GRX ADMINISTRATORS INCDuring the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

85-2140529

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0 **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 003 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 004 a Enter the amount of the loss incurred by a new business included in line 3 **4a** 00b Enter the amount of the loss incurred by an eligible small business included in line 3 **4b** 00c Add line 4a and line 4b **4c** 005 General NOL. Subtract line 4c from line 3 5 006 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

0**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2021		GEN	389	<input checked="" type="radio"/> 389	0	0	<input checked="" type="radio"/> 389
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3	2022		DIS					
4	2022							
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 002 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 003 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION**

California corporation number

4059870During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☐ S corporation ☐ Exempt organization ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

81-1593842

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 **0** **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 **00**3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 **00**4 a Enter the amount of the loss incurred by a new business included in line 3 4a **00**b Enter the amount of the loss incurred by an eligible small business included in line 3 4b **00**c Add line 4a and line 4b 4c **00**5 General NOL. Subtract line 4c from line 3 5 **00**6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 **00****Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☐

(g) Available balance

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2020		GEN	9,716,397	<input checked="" type="radio"/> 9,716,397	0	0	<input checked="" type="radio"/> 9,716,397
<input checked="" type="radio"/> 2021		GEN	14,610,333	<input checked="" type="radio"/> 14,610,333	0	0	<input checked="" type="radio"/> 14,610,333
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3	2022		DIS					
4	2022							
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 **00**2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 **00**3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 **00**

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

**MAILMYPRESCRIPTIONSCOM
PHARMACY CORPORATION**

California corporation number

4059871During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

81-2833962

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 **431,921** 00

2 2022 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 **431,921** 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 **431,921** 006 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 **431,921** 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

		(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	col. (d) minus col. (f) See instructions.
3 2022		DIS					
4 2022		GEN	431,921				431,921
2022							
2022							
2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 002 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 003 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

California corporation number

GENIUSCARE INCDuring the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

85-0745255

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒ **If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.****Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0 **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 003 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 004 a Enter the amount of the loss incurred by a new business included in line 3 4a 00b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00c Add line 4a and line 4b 4c 005 General NOL. Subtract line 4c from line 3 5 006 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 00**Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2020		GEN	12,933	<input checked="" type="radio"/> 12,933	0	0	<input checked="" type="radio"/> 12,933
<input checked="" type="radio"/> 2021		GEN	14,239	<input checked="" type="radio"/> 14,239	0	0	<input checked="" type="radio"/> 14,239
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3	2022		DIS					
4	2022							
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 002 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 003 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00

TAXABLE YEAR

2022**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations - Corporations**

CALIFORNIA FORM

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

California corporation number

GRX ADMINISTRATORS INCDuring the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ ☐ C corporation☒ ☐ S corporation ☐ ☐ Exempt organization ☐ ☐ Limited liability company (electing to be taxed as a corporation)

FEIN

85-2140529

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☐
If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0 **00**2 2022 disaster loss included in line 1. Enter as a positive number 2 00 **00**3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 00 **00**4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00 **00**b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00 **00**c Add line 4a and line 4b 4c 00 **00**5 General NOL. Subtract line 4c from line 3 5 00 **00**6 Current year NOL. Add line 2, line 4c, and line 5. See instructions ☒ 6 00 **00****Part II NOL carryover and disaster loss carryover limitations.** See instructions.1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;
or Form 109, line 2; (but not less than -0-). ☒

(g) Available balance

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2021		GEN	389	<input checked="" type="radio"/> 389	0	0	<input checked="" type="radio"/> 389
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2021	(f) Amount used in 2022	(g) Available balance	(h) Carryover to 2023 col. (e) minus col. (f) See instructions.
3	2022		DIS					
4	2022							
	2022							
	2022							
	2022							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2022 NOL deduction1 Total the amounts in Part II, line 2, column (f) ☒ 1 00 **00**2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 00 **00**3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ 3 00 **00**

TAXABLE YEAR

2022**Corporation Depreciation
and Amortization**

81-1593842

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W.

Corporation name

**MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

California corporation number

4059870**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 2							
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	30,057

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	30,057
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	30,057
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

CA SCHEDULE D-1 PART II - OTHER ORDINARY GAIN AND LOSS STATEMENT 1

(A) DESCRIPTION	(B) DATE ACQ	(C) DATE SOLD	(D) SALES PRICE	(E) DEPRE- CIATION ALLOWED	(F) COST OR BASIS	(G) GAIN OR LOSS
SALE OF FIXED ASSETS VARIOUS		12/31/22	0.	1,021,708.	1,129,463.	-107,755.
TOTAL			0.	1,021,708.	1,129,463.	-107,755.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 3885

DEPRECIATION

STATEMENT 2

ASSET NO.	DESCRIP- TION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
MILLENNIAL BENEFIT MANAGEMENT								
29	EQUIPMENT	01/06/17	1,719.	809.	200DB	5.00	50.	
30	EQUIPMENT	04/30/17	1,397.	658.	200DB	5.00	40.	
33	FURNITURE & FIXTURES	04/15/17	1,314.	511.	200DB	7.00	29.	
34	LEASEHOLD IMPROVEMENTS	01/31/17	946.	143.	SL	15.00	32.	
35	LEASEHOLD IMPROVEMENTS	08/31/17	72,305.	10,846.	SL	15.00	2,410.	
42	CAPITAL LEASE	01/01/17	418,568.	94,177.	SL	10.00	20,928.	
43	FURNITURES & FIXTURES	08/29/17	20,059.	7,792.	200DB	7.00	895.	
46	EQUIPMENT	08/22/17	13,740.	6,474.	200DB	5.00	396.	
48	EQUIPMENT	03/23/17	2,761.	1,300.	200DB	5.00	80.	
49	EQUIPMENT	04/28/17	938.	442.	200DB	5.00	27.	
50	LEASEHOLD IMPROVEMENTS	02/28/17	30,214.	4,531.	SL	15.00	1,007.	
51	LEASEHOLD IMPROVEMENTS	07/31/16	12,973.	9,334.	150DB	15.00	192.	
52	LEASEHOLD IMPROVEMENTS	08/31/16	72,758.	52,351.	150DB	15.00	1,074.	
53	LEASEHOLD IMPROVEMENTS	09/30/16	162,466.	116,897.	150DB	15.00	2,399.	
54	LEASEHOLD IMPROVEMENTS	10/31/16	13,910.	10,009.	150DB	15.00	206.	
55	LEASEHOLD IMPROVEMENTS	11/30/16	14,799.	10,648.	150DB	15.00	219.	
56	LEASEHOLD IMPROVEMENTS	12/31/16	2,400.	1,727.	150DB	15.00	36.	
57	LEASEHOLD IMPROVEMENTS	05/31/16	2,497.	1,797.	150DB	15.00	37.	
TOTAL TO FORM 3885			845,764.	330,446.			30,057.	

Adjusted Combined Schedule F - Income and DeductionsName **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**California Corporation number
4059870

Income	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Gross receipts or sales	9,370,728.		9,370,728.
Less returns and allowances			
Net Sales	9,370,728.		9,370,728.
Cost of goods sold:			
Inventory at beginning of year	239,099.		239,099.
Purchases	8,413,880.		8,413,880.
Cost of labor			
Additional section 263A costs			
Other costs	831,004.		831,004.
Inventory end of year			
Cost of goods sold	9,483,983.		9,483,983.
Gross Profit	-113,255.		-113,255.
Dividends			
U.S. interest			
Other interest			
Gross rents			
Gross royalties			
Capital gain net income			
Net gain or (loss) Form 4797	-107,755.		-107,755.
Other income			
Total Income	-221,010.		-221,010.
Deductions			
Compensation of officers			
Salaries and wages	4,330,515.		4,330,515.
Repairs	55,808.		55,808.
Bad debts	78,698.		78,698.
Rents	306,479.		306,479.
Taxes	373,798.		373,798.
Interest	31,305.		31,305.
Contributions			
Depreciation not claimed elsewhere	30,057.		30,057.
Depletion			
Advertising	256,923.		256,923.
Pension, profit-sharing, etc., plans			
Employee benefit programs	278,326.		278,326.
Deductible travel and entertainment	8,700.		8,700.
Other deductions	2,522,076.		2,522,076.
Specific deduction for 23701r/23701t organizations			
Total Deductions	8,272,685.		8,272,685.
Income Before Adjustments	-8,493,695.		-8,493,695.
Enterprise zone interest deduction			
Income After Adjustments	-8,493,695.		-8,493,695.

COMBINED SCHEDULE F - INCOME AND DEDUCTIONS

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Income					
Gross receipts or sales	9,370,728.		9,370,728.		
Less returns and allowances					
Net Sales	9,370,728.		9,370,728.		
Cost of Goods Sold:					
Inventory at beginning of year	239,099.		239,099.		
Purchases	8,413,880.		8,413,880.		
Cost of labor					
Additional section 263A costs					
Other costs SEE STATEMENT 3	831,004.	85,072.	745,932.		
Inventory end of year					
Cost of goods sold	9,483,983.	85,072.	9,398,911.		
Gross Profit	-113,255.	-85,072.	-28,183.		
Dividends					
U.S. interest					
Other interest					
Gross rents					
Gross royalties					
Capital gain net income					
Net gain or (loss) Form 4797	-107,755.	-107,755.			
Other income					
Total Income	-221,010.	-192,827.	-28,183.		
Deductions					
Compensation of officers					
Salaries and wages	4,330,515.	4,330,515.			
Repairs	55,808.	55,434.	374.		
Bad debts	78,698.	78,698.			
Rents	306,479.	309,365.	-2,886.		
Taxes SEE STATEMENT 4	373,798.	335,144.	37,886.	384.	384.
Interest	31,305.	31,305.			
Contributions					
Depreciation not claimed elsewhere	30,057.	30,057.			
Depletion					
Advertising	256,923.	256,923.			
Pension, profit-sharing, etc., plans					
Employee benefit programs	278,326.	278,326.			
Deductible travel and entertainment	8,700.	8,700.			
Other deductions SEE STATEMENT 5	2,522,076.	2,153,051.	362,723.	6,302.	
Specific deduction for 23701r/23701t organizations					
Total Deductions	8,272,685.	7,867,518.	398,097.	6,686.	384.
Income Before Adjustments	-8,493,695.	-8,060,345.	-426,280.	-6,686.	-384.
Enterprise zone interest deduction					
Income After Adjustments	-8,493,695.	-8,060,345.	-426,280.	-6,686.	-384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

CA SCHEDULE A

COST OF GOODS SOLD OTHER COSTS

STATEMENT 3

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
PHARMACY PACKAGING	60,423.		60,423.		
PHARMACY SHIPPING & LOGISTICS	666,477.		666,477.		
PHARMACY SUPPLIES	19,032.		19,032.		
TELEMEDICINE COSTS	85,072.	85,072.			
TOTAL OTHER COSTS	831,004.	85,072.	745,932.		

CA

COMBINED TAXES

STATEMENT 4

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
LICENSES & PERMITS	42,706.	9,329.	32,609.	384.	384.
PAYROLL TAXES	320,167.	320,167.			
SALES TAX	249.		249.		
STATE TAXES	10,676.	5,648.	5,028.		
TOTAL TAXES	373,798.	335,144.	37,886.	384.	384.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

CA

COMBINED OTHER DEDUCTIONS

STATEMENT 5

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
BANK SERVICE CHARGES	9,196.	8,410.	786.		
DUES & SUBSCRIPTIONS	13,063.	11,682.	1,381.		
EDUCATION & TRAINING	17,694.	17,694.			
INSURANCE	66,469.	66,469.			
LEGAL & PROFESSIONAL	704,822.	704,822.			
MERCHANT FEES	133,607.		133,607.		
MISCELLANEOUS EXPENSE	68,860.	33,280.	35,580.		
OFFICE SUPPLIES	12,803.	12,183.	620.		
PAYROLL OUTSOURING FEE	173,065.	173,065.			
PHARMACY EXPENSE	20,132.		20,132.		
POSTAGE	3,929.	3,461.	468.		
RECRUITING	20,328.	20,328.			
SECURITY	2,702.	2,702.			
TECHNOLOGY	1,254,405.	1,077,954.	170,149.	6,302.	
TELEPHONE	13,911.	13,911.			
UTILITIES	7,090.	7,090.			
TOTAL OTHER DEDUCTIONS	2,522,076.	2,153,051.	362,723.	6,302.	

COMBINED APPORTIONMENT SCHEDULE

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Property Factor					
Total property everywhere					
Inventory					
Buildings					
Machinery and Equipment					
Furniture and Fixtures					
Land					
Other tangible assets					
Rented prop (rent exp x 8)					
Total everywhere					
California Property					
Inventory					
Buildings					
Machinery and Equipment					
Furniture and Fixtures					
Land					
Other tangible assets					
Rented prop (rent exp x 8)					
Total California Property					
California Property Percent					
Payroll Factor					
Total Payroll Everywhere					
California Payroll					
California Payroll Percent					
Sales Factor					
Sales everywhere					
Sales	9,370,728.		9,370,728.		
Other gross receipts					
Sales from Partnership, LLC					
Less: Intercompany Sales					
Total sales everywhere	9,370,728.		9,370,728.		
California Sales					
(a) Sales shipped to California					
(1) From outside California					
(2) From within California	477,730.		477,730.		
(b) Sales shipped in California					
(1) To U.S. government					
(2) To state where buyer is not taxable					
(c) Other gross receipts					
(i) sales from services					
(ii) sales from intangibles					
(iii) sales from tangibles					
(iv) sales from other					
(d) Sales from Partnership, LLC					
Less: Intercompany Sales					
Total California sales	477,730.		477,730.		
California Sales Percent	5.0981%	.0000%	5.0981%	.0000%	.0000%
Total percent					
Average percent	5.0981%	.0000%	5.0981%	.0000%	.0000%

COMBINED NET INCOME AND TAX COMPUTATION

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Business Income					
Combined unitary business income					
to apportion	-8,493,695.				
Apportionment percentage	5.0981%	.0000%	5.0981%	.0000%	.0000%
Unitary business income apportioned					
to California	-433,017.	0.	-433,017.	0.	0.
Nonbusiness Income					
Attributable to California					
Dividends					
Interest					
Net rental income/loss					
Royalties					
Gain/loss on asset sales					
Partnership or LLC income/loss					
Other nonunitary items					
Total nonunitary items					
Less intercompany items					
Less interest offset allocated					
to income					
Business Income (Loss) Subject					
to Separate Apportionment					
Nonunitary partnership or LLC					
business income (loss)					
Income (loss) from a separate					
trade or business					
Income (loss) deferred from prior					
years					
Total Business Income (Loss)					
separately apportioned to CA					
Capital gain (loss) netting subject					
to separate apportionment					
Income before contributions					
adjustment	-433,017.	0.	-433,017.	0.	0.
Contribution adjustment from					
Schedule R-6	0.	0.			
Income before NOL	-433,017.	0.	-433,017.	0.	0.
Net operating loss carryover		0.	0.	0.	0.
EZ, LARZ, LAMBRA NOL		0.	0.	0.	0.
Disaster loss carryover deduction		0.	0.	0.	0.
Income after NOL	-433,017.	0.	-433,017.	0.	0.
Tax Calculation					
Tax Rate	8.8400%	8.8400%	8.8400%	8.8400%	8.8400%
Tax	1,600.	800.	800.	0.	0.
Financial corporation offset					
Offset carryover available					
Rate					
Percentage offset					
Net offset					
Net tax	1,600.	800.	800.	0.	0.

COMBINED SCHEDULE R-6 CONTRIBUTION ADJUSTMENT

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
1) Total contributions paid	4,080.	4,080.			
2) Net income from adjusted combined income/deduction statement plus foreign investment offset	-8,493,695.				
3) Dividends deducted under section 24402, 24410 and 24411 from Form 100, side 1 lines 10 and 11	0.				
4) Contributions deducted	0.				
5) Total of lines 2 thru 4	0.				
6) Multiply line 5 by 10%	0.				
7) Net income before contributions adjustment from Schedule R side 2, line 33	-433,017.				
8) Business div deducted on Line 3 multiplied by apportionment percent	0.				
9) Nonbusiness div deducted on Line 3	0.				
10) Line 4 multiplied by apportionment percentage	0.				
11) Total. Add lines 7 thru 10	0.				
12) Multiply line 11 by 10%	0.				
13) Enter amount from line 10	0.				
14) Allowable contributions					
a) If line 1 equals or exceeds line 6 enter lesser of line 1 or line 12	0.				
b) If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result	0.				
15) Contribution Adjustment. Subtract line 14a or line 14b from line 13	0.				

Adjusted Combined Beginning Balance Sheet

Name MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC & SUBSIDIARIES			California Corporation Number 4059870
Assets	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Cash	1,160,458.		1,160,458.
Trade notes and accounts receivable	529,872.		529,872.
Less allowance for bad debts	65,000.		65,000.
Inventories	239,099.		239,099.
Federal and state government obligations			
Other current assets	12,225,439.	-11,719,825.	505,614.
Loans to stockholders			
Mortgages and real estate loans			
Other investments			
Buildings and other depreciable assets	1,983,818.		1,983,818.
Less accumulated depreciation	1,401,589.		1,401,589.
Depletable assets			
Less accumulated depletion			
Land			
Intangible assets			
Less accumulated amortization			
Other assets	75,911.		75,911.
Total Assets	14,748,008.		3,028,183.
Liabilities and Stockholders' Equity			
Accounts payable	357,703.		357,703.
Mortgages payable less than 1 year			
Other current liabilities	15,767,885.	-11,719,825.	4,048,060.
Loans from stockholders			
Mortgages payable 1 year or more	27,574,402.		27,574,402.
Other liabilities			
Capital stock: a Preferred stock			
b Common stock	71,056.		71,056.
Paid-in or capital surplus	16,825,360.		16,825,360.
Appropriated retained earnings			
Unappropriated retained earnings	-45,848,398.		-45,848,398.
Adjustments to shareholders' equity			
Less cost of treasury stock			
Total Liabilities and Stockholders' Equity	14,748,008.		3,028,183.

COMBINED BEGINNING BALANCE SHEET

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Assets					
Cash	1,160,458.	139,208.	-42,282.	318.	1,063,214.
Trade notes and accounts receivable	529,872.	78,273.	451,599.		
Less allowance for bad debts	65,000.	65,000.			
Inventories	239,099.		239,099.		
Fed and state obligations					
Other current assets STMT 6	12,225,439.	196,548.	91,593.	1,280.	11,936,018.
Loans to stockholders					
Mortgage and real estate loans					
Other investments					
Buildings and other depreciable assets	1,983,818.	1,091,384.	892,434.		
Less accumulated depreciation	1,401,589.	763,329.	638,260.		
Depletable assets					
Less accumulated depletion					
Land					
Intangible assets					
Less accumulated amortization					
Other assets STMT 7	75,911.	75,911.			
Total Assets	14,748,008.	752,995.	994,183.	1,598.	12,999,232.
Liabilities and Stockholders' Equity					
Accounts payable	357,703.	242,263.	115,440.		
Mortgages, notes, bonds payable in less than 1 year					
Other current liabilities STMT 8	15,767,885.	15,733,778.	5,337.	28,770.	
Loans from stockholders					
Mortgages, notes, bonds payable in 1 year or more	27,574,402.	27,574,402.			
Other liabilities					
Preferred stock					
Common stock	71,056.	71,056.			
Paid-in or capital surplus	16,825,360.	3,825,360.			13,000,000.
Appropriated retained earnings					
Unappropriated retained earnings	-45,848,398.	-46,693,864.	873,406.	-27,172.	-768.
Adjustments to shareholders' equity					
Less cost of treasury stock					
Total Liabilities and Stockholders' Equity	14,748,008.	752,995.	994,183.	1,598.	12,999,232.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 100, SCHEDULE L

COMBINED OTHER CURRENT ASSETS

STATEMENT 6

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
INTERCOMPANY RECEIVABLES	12,023,605.		87,587.		11,936,018.
PREPAID EXPENSES	201,834.	196,548.	4,006.	1,280.	
TOTAL CURRENT ASSETS	12,225,439.	196,548.	91,593.	1,280.	11,936,018.

FORM 100, SCHEDULE L

COMBINED OTHER ASSETS

STATEMENT 7

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
SECURITY DEPOSITS	75,911.	75,911.			
TOTAL OTHER ASSETS	75,911.	75,911.			

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 100, SCHEDULE L

OTHER CURRENT LIABILITIES

STATEMENT 8

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
ACCRUED EXPENSES	297,653.	295,202.	2,451.		
ACCRUED INTEREST	3,069,430.	3,069,430.			
ACCRUED PAYROLL	374,311.	374,311.			
INTERCOMPANY PAYABLE	12,023,605.	11,994,835.		28,770.	
LEASE INCENTIVE OBLIGATION	2,886.		2,886.		
TOTAL CURRENT LIABILITIES	15,767,885.	15,733,778.	5,337.	28,770.	

Adjusted Combined Ending Balance Sheet

Name **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**

California Corporation Number
4059870

Assets	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Cash	119,925.		119,925.
Trade notes and accounts receivable	20,620.		20,620.
Less allowance for bad debts			
Inventories			
Federal and state government obligations			
Other current assets	19,069,499.		19,069,499.
Loans to stockholders			
Mortgage and real estate loans			
Other investments			
Buildings and other depreciable assets	855,749.		855,749.
Less accumulated depreciation	593,717.		593,717.
Depletable assets			
Less accumulated depletion			
Land			
Intangible assets			
Less accumulated amortization			
Other assets			
Total Assets	19,472,076.		19,472,076.
Liabilities and Stockholders' Equity			
Accounts payable	3,969,722.		3,969,722.
Mortgages payable in less than 1 year			
Other current liabilities	24,101,269.		24,101,269.
Loans from stockholders			
Mortgages payable in 1 year or more	27,574,402.		27,574,402.
Other liabilities			
Preferred stock			
Common stock	71,056.		71,056.
Paid-in or capital surplus	19,225,395.		19,225,395.
Appropriated retained earnings			
Unappropriated retained earnings	-55,469,768.		-55,469,768.
Adjustments to shareholders' equity			
Less cost of treasury stock			
Total Liabilities and Stockholders' Equity	19,472,076.		19,472,076.

COMBINED ENDING BALANCE SHEET

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Assets					
Cash	119,925.	33,403.	68,340.	93.	18,089.
Trade notes and accounts receivable	20,620.		20,620.		
Less allowance for bad debts					
Inventories					
Fed and state obligations					
Other current assets STMT 9	19,069,499.	44,350.	3,644,390.		15,380,759.
Loans to stockholders					
Mortgage and real estate loans					
Other investments					
Buildings and other depreciable assets	855,749.	339,552.	516,197.		
Less accumulated depreciation	593,717.	259,124.	334,593.		
Depletable assets					
Less accumulated depletion					
Land					
Intangible assets					
Less accumulated amortization					
Other assets					
Total Assets	19,472,076.	158,181.	3,914,954.	93.	15,398,848.
Liabilities and Stockholders' Equity					
Accounts payable	3,969,722.	1,012,467.	2,957,255.		
Mortgages payable in less than 1 year					
Other current liabilities STMT 10	24,101,269.	23,484,175.	583,143.	33,951.	
Loans from stockholders					
Mortgages payable in 1 year or more	27,574,402.	27,574,402.			
Other liabilities					
Preferred stock					
Common stock	71,056.	71,056.			
Paid-in or capital surplus	19,225,395.	3,825,395.			15,400,000.
Appropriated retained earnings					
Unappropriated retained earnings	-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.
Adjustments to shareholders' equity					
Less cost of treasury stock					
Total Liabilities and Stockholders' Equity	19,472,076.	158,181.	3,914,954.	93.	15,398,848.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 100, SCHEDULE L

COMBINED OTHER CURRENT ASSETS

STATEMENT 9

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
INTERCOMPANY RECEIVABLES	19,021,801.		3,641,042.		15,380,759.
PREPAID EXPENSES	47,698.	44,350.	3,348.		
TOTAL CURRENT ASSETS	19,069,499.	44,350.	3,644,390.		15,380,759.

FORM 100, SCHEDULE L

OTHER CURRENT LIABILITIES

STATEMENT 10

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
ACCRUED EXPENSES	841,222.	258,079.	583,143.		
ACCRUED INTEREST	4,141,677.	4,141,677.			
ACCRUED PAYROLL	85,849.	85,849.			
INTERCOMPANY PAYABLE	19,021,801.	18,987,850.		33,951.	
OTHER NOTE PAYABLE	10,720.	10,720.			
TOTAL CURRENT LIABILITIES	24,101,269.	23,484,175.	583,143.	33,951.	

Adjusted Combined Schedules M-1 and M-2Name **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**California Corporation Number
4059870

Schedule M-1	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Net income per books	-9,621,370.		-9,621,370.
Federal income tax			
Excess of capital losses over capital gains			
Income subject to tax not recorded on books this year	30,178.		30,178.
Expenses recorded on books this year not deducted in this return:			
Depreciation	154,877.		154,877.
State taxes			
Travel and entertainment	7,032.		7,032.
Other	1,072,247.		1,072,247.
Total	-8,357,036.		-8,357,036.
Income recorded on books this year not included in this return:			
Tax-exempt interest			
Other			
Deductions in this tax return not charged against book income this year:			
Depreciation			
State tax refund			
Contribution carryover			
Other	136,659.		136,659.
Total	136,659.		136,659.
Net Income	-8,493,695.		-8,493,695.
Schedule M-2			
Balance at beginning of year	-45,848,398.		-45,848,398.
Net income per books	-9,621,370.		-9,621,370.
Other increases			
Total Increases	-55,469,768.		-55,469,768.
Distributions: Cash			
Stock			
Property			
Other decreases			
Total Decreases			
Balance at End of Year	-55,469,768.		-55,469,768.

COMBINED SCHEDULES M-1 AND M-2

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Schedule M-1					
Net income per books	-9,621,370.	-9,115,450.	-498,850.	-6,686.	-384.
Federal income tax					
Excess of capital losses over capital gains					
Income subject to tax not recorded on books					
this year SEE STATEMENT 11	30,178.	26,216.	3,962.		
Expenses recorded on books this year not					
deducted in this return:					
Depreciation	154,877.	86,269.	68,608.		
State taxes					
Travel and entertainment	7,032.	7,032.			
Other SEE STATEMENT 12	1,072,247.	1,072,247.			
Total	-8,357,036.	-7,923,686.	-426,280.	-6,686.	-384.
Income recorded on books this year not					
included in this return:					
Tax-exempt interest					
Other					
Deductions in this tax return not charged					
against book income this year:					
Depreciation					
State tax refund					
Contribution carryovers					
Other SEE STATEMENT 13	136,659.	136,659.			
Total	136,659.	136,659.			
Combined Income	-8,493,695.	-8,060,345.	-426,280.	-6,686.	-384.
Schedule M-2					
Balance at beginning of year	-45,848,398.	-46,693,864.	873,406.	-27,172.	-768.
Net income per books	-9,621,370.	-9,115,450.	-498,850.	-6,686.	-384.
Other increases					
Total Increases	-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.
Distributions: Cash					
Stock					
Property					
Other decreases					
Total Decreases					
Balance at End of Year	-55,469,768.	-55,809,314.	374,556.	-33,858.	-1,152.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FORM 100, SCHEDULE M-1

COMBINED INCOME NOT RECORDED ON BOOKS

STATEMENT 11

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
SALE OF ASSETS ON RETURN NOT ON BOOKS	30,178.	26,216.	3,962.		
TOTAL	30,178.	26,216.	3,962.		

FORM 100, SCHEDULE M-1

COMBINED EXPENSES NOT DEDUCTED IN RETURN

STATEMENT 12

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
RELATED PARTY INTEREST	1,072,247.	1,072,247.			
TOTAL	1,072,247.	1,072,247.			

FORM 100, SCHEDULE M-1

COMBINED EXPENSES NOT INCLUDED ON BOOKS

STATEMENT 13

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
ACCRUED VACATION	71,659.	71,659.			
BAD DEBTS	65,000.	65,000.			
RELATED PARTY INTEREST					
TOTAL	136,659.	136,659.			

COMBINED ALTERNATIVE MINIMUM TAX CALCULATION

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Alternative Minimum Tax					
Alternative minimum taxable income subject to apportionment	-8,497,853.				
Apportionment percent	5.0981%	.0000%	5.0981%	.0000%	.0000%
Alternative minimum taxable income apportioned to California	-433,229.	0.	-433,229.	0.	0.
Add California nonbusiness income					
AMT nonbusiness income adjustments					
Less California interest offset					
Schedule R-6 Contributions Adjustment					
Pre ACE adjustment AMTI	-433,229.	0.	-433,229.	0.	0.
ACE adjustment	1,308.	0.	1,308.	0.	0.
California alternative minimum taxable income before net operating loss.	-431,921.	0.	-431,921.	0.	0.
Alternative NOL (subject to 90%)					
Alternative NOL (not subject to 90% limit)					
California alternative minimum taxable income	-431,921.	0.	-431,921.	0.	0.
Annualization months if applicable					
Annualized AMTI if applicable					
Enter \$40,000 exemption		40,000.	40,000.	40,000.	40,000.
Enter \$150,000 limitation		150,000.	150,000.	150,000.	150,000.
Limitation less CA AMTI (not less than zero)					
Result times 25%					
Exemption after limitation		40,000.	40,000.	40,000.	40,000.
CA AMTI after exemption	0.	0.	0.	0.	0.
Result times 6.65% tax rate	0.	0.	0.	0.	0.
Bank and financial corp AMT					
Tentative minimum tax before annualization					
recalculation, if applicable					
Annualizing factor, if applicable					
Tentative minimum tax	0.	0.	0.	0.	0.
Franchise or income tax before credits	1,600.	800.	800.		
Alternative minimum tax	0.	0.	0.	0.	0.

Adjusted Combined Alternative Minimum Tax Lines 1 - 6

Name MILLENNIAL BENEFIT MANAGEMENT CORPORATION INC & SUBSIDIARIES			California Corporation Number 4059870
Alternative Minimum Taxable Income	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Net income (loss) after state adjustments	- 8 , 4 9 3 , 6 9 5 .		- 8 , 4 9 3 , 6 9 5 .
Adjustments			
Depreciation of tangible property	- 4 , 1 5 8 .		- 4 , 1 5 8 .
Amortization of certified pollution control facilities			
Amortization of mining exploration and development costs			
Basis adjustments			
Long-term contracts entered into after February 28, 1986			
Installment sales of certain property			
Tax shelter farm activities			
Passive activities			
Certain loss limitations			
Beneficiaries of estates and trusts			
Merchant marine capital construction funds			
Total Adjustments	- 4 , 1 5 8 .		- 4 , 1 5 8 .
Tax Preference Items			
Depletion			
Intangible drilling costs			
Total Tax Preference Items			
Pre ACE adjustment AMTI	- 8 , 4 9 7 , 8 5 3 .		- 8 , 4 9 7 , 8 5 3 .
Add foreign offset			
Less nonbusiness income (loss)			
AMT nonbusiness income adjustments			
Add interest offset			
AMTI to Apportion			- 8 , 4 9 7 , 8 5 3 .

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04-01-22

Adjusted Combined Adjusted Current EarningsName **MILLENNIAL BENEFIT MANAGEMENT
CORPORATION INC & SUBSIDIARIES**California Corporation Number
4059870

Adjusted Current Earnings	Combined Amounts	Combined Adjustments	Adjusted Combined Amounts
Pre-adjustment AMTI	-8,497,853.		-8,497,853.
ACE Depreciation Adjustment			
Depreciation expense recomputed for AMTI	34,215.		34,215.
Post-1989 property ACE depreciation			
Pre-1990 MACRS property ACE depreciation			
Pre-1990 original ACRS property ACE depreciation			
Sec. 168(f)(1) through (4) property ACE depreciation			
Other property ACE depreciation			
Total ACE Depreciation			
ACE Depreciation Adjustment	34,215.		34,215.
Inclusion in ACE of Items Included in E&P			
Tax-exempt interest			
Death benefits from life insurance contracts			
All other distributions from life insurance contracts			
Inside buildup of undistributed income in life insurance contracts			
Other items			
Total Inclusion of Items			
Disallowance of Items Not Deductible in Computing E&P			
Certain dividends received			
Dividends paid on preferred stock of public utilities			
Dividends paid to an ESOP			
Non-patronage dividends			
Other items			
Total Disallowance of Items			
Certain Other E&P Adjustments			
Intangible drilling costs			
Circulation expenditures			
Organizational expenditures			
LIFO inventory adjustments			
Installment sales			
Total Other E&P Adjustments			
Disallowance of loss on exchange of debt pools			
Acquisition expenses of life insurance contracts			
Depletion			
Basis adjustments			
Adjusted Current Earnings	-8,463,638.		-8,463,638.
Add foreign offset			
Less nonbusiness income			
ACE nonbusiness income adjustments			
Add interest offset			
Adjusted Current Earnings to Apportion			-8,463,638.

SCHEDULE OF COMBINED ADJUSTED CURRENT EARNINGS

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 4059870	MAILMYPRESCRIP TIONS.COM 4059871	GENIUSCARE, INC.	GRX ADMINISTRATORS , INC.
Adjusted Current Earnings					
Pre-Adjustment AMTI	-8,497,853.	-8,064,503.	-426,280.	-6,686.	-384.
ACE Depreciation Adjustment					
Depreciation expense recomputed for AMTI	34,215.	34,215.			
Post-1989 property ACE depreciation					
Pre-1990 MACRS property ACE depreciation					
Pre-1990 original ACRS property ACE depreciation					
Sec. 168(f)(1) through (4) property ACE depreciation					
Other property ACE depreciation					
Total ACE Depreciation					
ACE Depreciation Adjustment	34,215.	34,215.			
Inclusion in ACE of Items Included in E&P					
Tax-exempt interest					
Death benefits from life insurance contracts					
All other distributions from life insurance contracts					
Inside buildup of undistributed income in life insurance contracts					
Other items					
Total Inclusion of Items					
Disallowance of Items Not Deductible in Computing E&P					
Certain dividends received					
Dividends paid on preferred stock of public utilities					
Dividends paid to an ESOP					
Non-patronage dividends					
Other items					
Total Disallowance of Items					
Certain Other E&P Adjustments					
Intangible drilling costs					
Circulation expenditures					
Organizational expenditures					
LIFO inventory adjustments					
Installment sales					
Total Other E&P Adjustments					
Disallowance of loss on exchange of debt pools					
Acquisition expenses of life insurance contracts					
Depletion					
Basis adjustments					
Adjusted Current Earnings	-8,463,638.	-8,030,288.	-426,280.	-6,686.	-384.



Florida Corporate Income/Franchise Tax Return

FEIN 81-1593842For calendar year 2022
or tax year beginning _____, 2022
ending _____

F-1120, R. 01/23 1019

Rule 12C-1.051
Florida Administrative Code
Effective 01/23
Page 1 of 6

833302022123100020050377381159384200004

MILLENNIAL BENEFIT MANAGEMENT
Name CORPORATION INC. & SUBSIDIARIES
Address 622 BANYAN TRAIL, STE 614
City/State/ZIP BOCA RATON, FL 33431

☐ Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- | | | |
|---|---------------------------------|---------------|
| 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return | Check here if negative <u>X</u> | -8,500,727.00 |
| 2. State income taxes deducted in computing federal taxable income (attach schedule) | Check here if negative _____ | |
| 3. Additions to federal taxable income (from Schedule I) | Check here if negative _____ | 7,032.00 |
| 4. Total of Lines 1, 2 and 3 | Check here if negative <u>X</u> | -8,493,695.00 |
| 5. Subtractions from federal taxable income (from Schedule II) | Check here if negative _____ | 186,570.00 |
| 6. Adjusted federal income (Line 4 minus Line 5) | Check here if negative <u>X</u> | -8,680,265.00 |
| 7. Florida portion of adjusted federal income (see instructions) | Check here if negative <u>X</u> | -4,600,454.00 |
| 8. Nonbusiness income allocated to Florida (from Schedule R) | Check here if negative _____ | |
| 9. Florida exemption | | 0.00 |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9) | | 0.00 |
| 11. Tax due: 5.5% of Line 10 | | 0.00 |
| 12. Credits against the tax (from Schedule V) | | |
| 13. Total corporate income/franchise tax due (Line 11 minus Line 12) | | 0.00 |
| 14. a) Penalty: F-2220 _____ b) Other _____ | | |
| c) Interest: F-2220 _____ d) Other _____ | Line 14 Total ▶ | |
| 15. Total of Lines 13 and 14 | | |
| 16. Payment credits: Estimated tax payments 16a \$ <input type="text"/> | | |
| Tentative tax payment 16b \$ <input type="text"/> | | |
| 17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 | | |
| 18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon | | |
| 19. Refund: Enter amount of overpayment to be refunded here and on payment coupon | | |

244081 10-04-22

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 12/31/221019
F-1120
R. 01/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

MILLENNIAL BENEFIT MANAGEMENT
Name CORPORATION INC. & SUBSIDIARI
Address 622 BANYAN TRAIL, STE 614
City/State/ZIP BOCA RATON, FL 33431

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

811593842	703200	0	0
20220101	18657000	0	0
20221231	-868026500	0	0
00000000	0.529990	0	0
001	0	0	0
101	0	0	0
-850072700	0	0	0
0	0	0	0

0

8333 0 20221231 0002005037 7 3811593842 0000 4



MILLENNIAL BENEFIT MANAGEMENT CORP

FEIN 81-1593842

1019
F-1120
R. 01/23
Page 2 of 6**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Sign here	Signature of officer (must be an original signature) _____ Date _____		Title VP OF FINANCE
Paid preparers only	Preparer's signature WILLIAM BOIMAN _____ Date _____	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN P01422491
	Firm's name (or yours if self-employed) and address MARCUM LLP ONE SOUTHEAST THIRD AVE, SUITE 1100 MIAMI, FL		FEIN 11-1986323 ZIP 33131

All Taxpayers Must Answer Questions A through L Below - See Instructions

<p>A. State of incorporation: DE</p> <p>B. Florida Secretary of State document number: F16000000420</p> <p>C. Florida consolidated return? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)</p> <p>E. Principal Business Activity Code (as pertains to Florida) 446110</p> <p>F. A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>G-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.</p>	<p>G-2. Part of a federal consolidated return? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, provide: FEIN from federal consolidated return: 81-1593842 Name of corporation: MILLENNIAL BENEFIT MANAGEME</p> <p>G-3. The federal common parent has sales, property, or payroll in Florida? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>H. Location of corporate books: 622 BANYAN TRAIL STE 614 City, State, ZIP: BOCA RATON, FL 33431</p> <p>I. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>J. Enter date of latest IRS audit: _____ a) List years examined: _____</p> <p>K. Contact person concerning this return: DWIGHT FUJIMOTO a) Contact person telephone number: 800-811-2541 b) Contact person e-mail address: DWIGHT.FUJIMOTO@GENIU</p> <p>L. Type of federal return filed <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120S or _____</p>
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Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135If you are requesting a **refund** (Line 19), send your return to:Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440**Remember:**

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**



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F-1120
R. 01/23
Page 3 of 6

NAME MILLENNIAL BENEFIT MANAGEMENTFEIN 81-1593842TAXABLE YEAR ENDING 12/31/22**Schedule I - Additions and/or Adjustments to Federal Taxable Income**

1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. s. 168(k), IRC, special bonus depreciation	19.
20. Depreciation of qualified improvement property (see instructions)	20.
21. Expenses for business meals provided by a restaurant (see instructions)	21. 7,032.00
22. Film, television, and live theatrical production expenses (see instructions)	22.
23. Internship tax credit	23.
24. Other additions (attach schedule)	24.
25. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25. 7,032.00

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6. 0.00
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9. 186,570.00
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13. 186,570.00

NAME **MILLENNIAL BENEFIT MANAGEMENT**FEIN **81-1593842**TAXABLE YEAR ENDING **12/31/22****Schedule III - Apportionment of Adjusted Federal Income****III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.**

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	1,677,882.00	1,677,882.00	1.000000	X 25% or	.250000
2. Payroll	4,330,515.00	4,330,515.00	1.000000	X 25% or	.250000
3. Sales (Schedule III-C below)	562,048.00	9,370,728.00	.059979	X 50% or	.029990
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					.529990

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	0.00	0.00	0.00	0.00
2. Buildings and other depreciable assets	1,983,818.00	1,371,946.00	1,983,818.00	1,371,946.00
3. Land owned	0.00	0.00	0.00	0.00
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0.00	0.00	0.00	0.00
5. Total (Lines 1 through 4)	1,983,818.00	1,371,946.00	1,983,818.00	1,371,946.00
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a. 1,677,882.00			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b. 1,677,882.00	
7. Rented property (8 times net annual rent)				
a. Rented property in Florida	7a. 0.00			
b. Rented property Everywhere			7b. 0.00	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. 1,677,882.00			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b. 1,677,882.00	

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	9,370,728.00
2. Sales delivered or shipped to Florida purchasers	562,048.00	N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	0.00	0.00
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	562,048.00	9,370,728.00

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			
2. Transportation services			

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1. -8680265.00
2. Florida apportionment fraction (Schedule III-A, Line 4)	2. .529990
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. -4600454.00
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. -4600454.00



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NAME MILLENNIAL BENEFIT MANAGEMENT FEIN 81-1593842 TAXABLE YEAR ENDING 12/31/22

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. Internship tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
_____	_____
_____	_____
_____	_____
Total allocated to Florida (Enter here and on Page 1, Line 8)	1. _____

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

NAME MILLENNIAL BENEFIT MANAGEMENT FEIN 81-1593842 TAXABLE YEAR ENDING 12/31/22**Estimated Tax Worksheet**
For Taxable Years Beginning On or After January 1, 2023

- | | | | |
|--|----|----|-------|
| 1. Florida income expected in taxable year | 1. | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3) | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |
-
5. Computation of installments:
- | | | |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | |
| payment amounts: | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | | |
|--|--------|----|-------|
| 1. Amended estimated tax | 1. | \$ | _____ |
| 2. Less: | | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. -- | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. -- | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. | \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.

The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

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F-1120

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FEIN 81-1593842

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811593842	0	0	0
-849369500	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	703200	0
0	0	0	18657000
0	0	0	0
0	0	0	0
0	0	0	0
2	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	167788200
0	0	0	433051500
0	0	0	56204800
0	0	0	167788200
0	0	0	433051500
0	0	0	937072800
0	0	0	0.529990



MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

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811593842	56204800	0	0
0	0	0	0
0	937072800	0	0
198381800	0	0	0
0	0	0	0
0	0	0	0
167788200	0	0	0
0	0	0	0
0	0.000000	0	0
137194600	0.000000	0	0
0	0	0	0
0	0	0	0
167788200	0	0	0
0	0	0	0
0	0	0	0
198381800	-868026500	0	0
0	-460045400	0	0
0	0	0	0
0	0	0	0
137194600	0	0	0
0	0	0	0
0	-460045400	0	0



1019 F-851

R. 01/16

TC 02/18

Rule 12C-1.051

Florida Administrative Code

Effective 01/16

Corporate Income/Franchise Tax Affiliations Schedule
Attach this schedule to Florida Form F-1120

For Calendar Year 2022 or Other taxable year beginning _____, and ending _____.

Who must file Florida Form F-851?

This form must be used by taxpayers filing a Florida consolidated income tax return and is used to report the members of the consolidated group. It must be filed by the parent corporation of the consolidated group. You may substitute IRS Form 851 if the federal and Florida consolidated groups are identical. Report changes to the consolidated group in Part II, on page 2 of this form.

PART I

Florida Common Parent Corporation MILLENNIAL BENEFIT MANAGEMENT CORPORATION		Federal Employer Identification Number (FEIN) 81-1593842
Address 622 BANYAN TRAIL, STE 614		
City, State, and ZIP BOCA RATON, FL 33431		
No.	Name and Address of Corporation	FEIN
1		
2	MAILMYPRESCRIPTIONS.COM PHARMACY CORPORA 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	81-2833962
3	GENIUSCARE, INC. 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	85-0745255
4	GRX ADMINISTRATORS, INC. 622 BANYANTRAIL STE 614 BOCA RATON, FL 33431	85-2140529
5		
6		
7		
8		
9		
10		
Statement of Affiliation - Do the above corporations comprise an affiliated group of corporations as described in section 1504(a) of the Internal Revenue Code?		<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
Florida Nexus Group - Check the box if the Florida consolidated group is different than the federal consolidated group. Note: Section (s.) 220.131, Florida Statutes (F.S.), requires the Florida consolidated group to be composed of the identical component members as the federal consolidated group. Only those taxpayers that made a valid election in 1985 under s. 220.131(1), F.S. (1985) to file a consolidated Florida nexus subgroup return and have continued to file as a subgroup for Florida corporate income tax purposes should check this box.		<input type="checkbox"/>

Under penalties of perjury, I declare that I have examined the above information and statements and they are true, correct, and complete to the best of my knowledge and belief, for the taxable year as stated above.

 Signature of Officer
VP OF FINANCE

244301 11-22-22

Title

 Date
800-811-2541

Telephone Number

Florida Consolidated Adjusted Federal Income

Name **MILLENNIAL BENEFIT MANAGEMENT CORPORATIO**FEIN **81-1593842**

Income	Combined Amounts	Consolidated Adjustments	Consolidated Amounts
1. Federal taxable income	-8500727.00		-8500727.00
2. State income taxes			
3. Nonbusiness income (loss) allocated to Florida			

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1. Excluded interest			
2. Undistributed net long-term capital gains			
3. Net operating loss deduction			
4. Net capital loss carryover			
5. Excess charitable contribution carryover			
6. Employee benefit plan contribution carryover			
7. Enterprise zone jobs credit			
8. Ad valorem taxes allowable as an enterprise zone property tax credit			
9. Guaranty association assessment(s) credit			
10. Rural and/or urban high crime job tax credit			
11. State housing tax credit			
12. Credit for contribution to nonprofit scholarship funding organizations			
13. New worlds reading initiative credit			
14. Strong families tax credit			
15. New markets tax credit			
16. Entertainment industry tax credit			
17. Research and Development tax credit			
18. Energy Economic Zone tax credit			
19. s 168 (k) IRC special bonus depreciation			
20. Depreciation of qualified improvement property			
21. Business Meal Expenses at a Restaurant	7,032.00		7,032.00
22. Film, Television, and Live Theatrical production expenses			
23. Internship tax credit			
24. Other additions			
25. Total additions	7,032.00		7,032.00

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses			
(a) Enter section 78 I.R.C. income			
(b) Plus section 862 I.R.C. dividends			
(c) plus s 951A IRC income			
(d) Less direct and indirect expenses			
Total			
2. Gross subpart F income less attributable expenses			
(a) Enter section 951 I.R.C. subpart F income			
(b) Less direct and indirect expenses			
Total			
3. Florida net operating loss deduction			
4. Florida net capital loss carryover			
5. Florida excess charitable carryover			
6. Florida employee benefit plan contribution carryover			
7. Nonbusiness income			
8. Eligible net income of an international banking facility			
9. s.168(k) I.R.C. special bonus depreciation	186,570.00		186,570.00
10. Depreciation of qualified improvement property			
11. Film, Television, and Live theatrical expenses			
12. Other subtractions			
13. Total subtractions	186,570.00		186,570.00

Florida Consolidated Adjusted Federal Income

Name **MILLENNIAL BENEFIT MANAGEMENT CORPORATIO**FEIN **81-1593842**

Computation of Florida Carryover Deductions	Combined Amounts	Consolidated Adjustments	Consolidated Amounts
1. Net Operating Loss SEE STATEMENT 3	40526245.00	-40526245.00	
2. Capital Loss			
3. Contribution Carryover			

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

ALLOCATION OF CURRENT CONSOLIDATED NET
OPERATING LOSS TO MEMBER CORPORATIONS

STATEMENT 2

CURRENT CONSOLIDATED NOL		X	MEMBER'S CURRENT NOL	/	TOTAL OF ALL MEMBERS WITH NOL	=	NOL ALLOCATED TO THIS COMPANY
12/31/22	MILLENNIAL BENEFIT MANAGEMENT						
	4,600,454.		8,246,915.		8,413,123.		4,509,568.
12/31/22	MAILMYPRESCRIPTIONS.COM						
	4,600,454.		159,138.		8,413,123.		87,020.
12/31/22	GENIUSCARE, INC.						
	4,600,454.		6,686.		8,413,123.		3,656.
12/31/22	GRX ADMINISTRATORS, INC.						
	4,600,454.		384.		8,413,123.		210.

MILLENNIAL BENEFIT MANAGEMENT CORPORATIO

81-1593842

FL CONSOLIDATED		NET OPERATING LOSS ADJUSTMENT			STATEMENT 3
CONSOLIDATED TAXABLE INCOME BEFORE NOL DEDUCTION					-4,600,454.00
	SEPARATE COMPANY INCOME	TOTAL NOL AVAILABLE	TOTAL NOL AFTER SRLY LIMITATION	TOTAL NOL DEDUCTED	REMAINING TAXABLE INCOME AFTER NOL DEDUCTION
YEAR END 12/31/16		MILLENNIAL BENEFIT MANAGEMENT 854,628.00	854,628.00	0.00	
YEAR END 12/31/17		MILLENNIAL BENEFIT MANAGEMENT 3,851,914.00	3,851,914.00	0.00	
YEAR END 12/31/18		MILLENNIAL BENEFIT MANAGEMENT 6,880,068.00	0.00*	0.00	
YEAR END 12/31/19		MILLENNIAL BENEFIT MANAGEMENT 8,130,789.00	0.00*	0.00	
YEAR END 12/31/20		MILLENNIAL BENEFIT MANAGEMENT 8,886,922.00	0.00*	0.00	
		GENIUSCARE, INC. 12,933.00	0.00*	0.00	
		GRX ADMINISTRATORS, INC. 379.00	0.00*	0.00	
YEAR END 12/31/21		MILLENNIAL BENEFIT MANAGEMENT 11893984.00	0.00*	0.00	
		GENIUSCARE, INC. 14,239.00	0.00*	0.00	
		GRX ADMINISTRATORS, INC. 389.00	0.00*	0.00	
SUBTOTAL			4,706,542.00	0.00	
CONSOLIDATED NOL DEDUCTION			0.00		
COMBINED NOL DEDUCTION			40,526,245.00		
CONSOLIDATED NOL ADJUSTMENT			-40526245.00		
*SUBJECT TO 80% TAXABLE INCOME LIMIT OF					

SCHEDULE OF FLORIDA COMBINED TAXABLE INCOME - ADDITIONS OR ADJUSTMENTS

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Additions or Adjustments to Federal Taxable Income					
Excluded interest					
Undistributed net long-term capital gains					
Net Operating Loss deduction					
Net Capital Loss carryover					
Excess Charitable Contribution C/O					
Employee Benefit Plan Contribution C/O					
Enterprise zone jobs credit					
Ad valorem taxes allowable as an enterprise zone property tax credit					
Guaranty association assessment(s) credit					
Rural and/or urban high crime job tax credit					
State housing tax credit					
Credit for contribution to nonprofit scholarship funding orgs					
New worlds reading initiative credit					
Strong families tax credit					
S.168(k), IRC special bonus depreciation					
New Markets Tax Credit					
Entertainment industry tax credit					
Research and development tax credit					
Energy economic zone tax credit					
Qualified Improvement Property Decoupling					
Business Meal Expenses at a Restaurant	7,032.00	7,032.00			
Film, Television, and Live theatrical production expenses					
Internship credit					
Other additions					
Total additions	7,032.00	7,032.00			

244541
11-08-22

SCHEDULE OF FLORIDA COMBINED APPORTIONMENT OF ADJUSTED FEDERAL INCOME

	COMBINED AMOUNTS	MILLENNIAL BENEFIT MANAGEMENT 81-1593842	MAILMYPRESCRIP TIONS.COM 81-2833962	GENIUSCARE, INC. 85-0745255	GRX ADMINISTRATORS , INC. 85-2140529
Property Factor					
Within Florida - Beginning of Year					
Inventories					
Buildings and other depreciable assets	1,983,818.00	1,091,384.00	892,434.00		
Land owned					
Other tangible and intangible assets					
Total Within Florida Property	1,983,818.00	1,091,384.00	892,434.00		
Within Florida - End of Year					
Inventories					
Buildings and other depreciable assets	1,371,946.00	855,749.00	516,197.00		
Land owned					
Other tangible and intangible assets					
Total Within Florida Property	1,371,946.00	855,749.00	516,197.00		
Total Everywhere - Beginning of Year					
Inventories					
Buildings and other depreciable assets	1,983,818.00	1,091,384.00	892,434.00		
Land owned					
Other tangible and intangible assets					
Total Everywhere Property	1,983,818.00	1,091,384.00	892,434.00		
Total Everywhere - End of Year					
Inventories					
Buildings and other depreciable assets	1,371,946.00	855,749.00	516,197.00		
Land owned					
Other tangible and intangible assets					
Total Everywhere Property	1,371,946.00	855,749.00	516,197.00		
Average Property					
Average value property - Within Florida	1,677,883.00	973,567.00	704,316.00		
Average value property - Total Everywhere	1,677,883.00	973,567.00	704,316.00		
Average Rented Property - Within Florida					
Average Rented Property - Total Everywhere					
Total Average Property - Within Florida	1,677,883.00	973,567.00	704,316.00		
Total Average Property - Total Everywhere	1,677,883.00	973,567.00	704,316.00		
Sales Factor					
Sales Everywhere	9,370,728.00		9,370,728.00		
Sales to Florida	562,048.00		562,048.00		
Other Gross receipts - Within Florida					
Other Gross receipts - Total Everywhere					
Total Sales - Within Florida	562,048.00		562,048.00		
Total Sales - Total Everywhere	9,370,728.00		9,370,728.00		
Payroll Factor					
Total Payroll within Florida	4,330,515.00	4,330,515.00			
Total Payroll Everywhere	4,330,515.00	4,330,515.00			
Special Factors					
Insurance Companies - Within Florida					
Insurance Companies - Total Everywhere					
Transportation Services - Within Florida					
Transportation Services - Total Everywhere					

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GeniusCo
Consolidated Balance Sheet
As of November 30, 2023

ASSETS	
Cash and cash equivalents	\$ 2,353
Accounts receivable, net	5,000
Prepaid expenses	70,345
TOTAL ASSETS	<u>\$ 77,698</u>
LIABILITIES AND STOCKHOLDERS' EQUITY	
Accounts payable	\$ 4,400,110
Accrued expenses	1,249,629
Total Current Liabilities	<u>5,649,739</u>
<u>Long-term Liabilities</u>	
Convertible notes payable	27,574,402
Accrued interest	5,150,975
Total Long Term Liabilities	<u>32,725,377</u>
TOTAL LIABILITIES	<u>38,375,116</u>
Stockholders' Equity	
Common stock	71,056
Additional paid in capital	19,893,749
Accumulated deficit	(58,262,223)
TOTAL STOCKHOLDERS' EQUITY	<u>(38,297,418)</u>
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 77,698</u>

DRAFT - UNAUDITED

GeniusCo
Consolidated Statement of Cash Flows
For the Eleven Months Ended November 30, 2023

Cash flows from operating activities:	
Net income/<loss>	\$ (2,791,487)
Adjustments to net income/<loss>:	
Depreciation and amortization	(593,717)
Provision for doubtful accounts	-
Disposal of Fixed Assets	855,749
Changes in operating assets/liabilities:	
Accounts receivable	15,620
Inventory	-
Prepaid expenses and other assets	(22,647)
Accounts payable	431,888
Accrued expenses	322,558
Intercompany	150,566
Deferred revenue	-
Net cash used in operating activities	(1,631,470)
Cash flows from financing activities:	
Notes payable	(10,720)
Accrued interest payable	1,009,299
Additional paid in capital	533,501
Net cash provided from financing activities	1,532,080
Net change in cash and cash equivalents	\$ (99,390)
Cash and cash equivalents, beginning	101,743
Cash and cash equivalents, end	2,353

DRAFT - UNAUDITED

GeniusCo
Consolidated Profit & Loss Statement
For the Eleven Months Ended November 30, 2023

RX DRUG REVENUE	\$	435,869
RX DRUG COSTS		146,120
GROSS PROFIT		<u>289,749</u>
OTHER REVENUE		
Shipping/Other Revenue		24,279
OTHER COSTS		
Shipping/Other Cost		123,101
NET PROFIT		<u>190,927</u>
OPERATING EXPENSE		
Payroll expense		652,504
Marketing expense		600
Technology expense		407,031
Rent and site expense		2,512
Administrative expense		124,842
TOTAL OPERATING EXPENSE		<u>1,187,489</u>
EBITDA		(996,562)
Depreciation expense		14,926
Interest expense		1,757,526
Other expense/<income>		22,473
Other income		(4,173)
Other expense		26,646
NET INCOME/<LOSS>	\$	<u><u>(2,791,487)</u></u>